



DOCTORAL THESIS

Age and the therapeutic relationship

older clients' experiences of therapy with significantly younger therapists. An interpretative phenomenological analysis

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**Age and the therapeutic relationship: older clients' experiences of therapy
with significantly younger therapists**

An Interpretative Phenomenological Analysis

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***A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of
Counselling Psychology (PsychD)***

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'The signs of human frailty which are clearly connected with advanced age become a summons to the mutual dependence and indispensable solidarity which link the different generations, inasmuch as every person needs others and draws enrichment from the gifts and charisms of all.'

John Paul II

ABSTRACT

Age is such an important clinical issue within the context of later life Counselling Psychology, and yet research based on older clients' accounts is lacking. This thesis explores how older clients experienced age difference in therapy with therapists who were perceived to be significantly younger; and aims to understand the meaning of these experiences. Semi-structured interviews were carried out with eight older adults who, at or after the age of 65, had received at least 6 sessions of individual psychotherapy, using any approach, and with a therapist who was perceived by them to be at least 20 years younger. Interview transcripts were analysed using Interpretative Phenomenological Analysis (IPA). The analysis highlighted these older adults' experiences of age difference in the given circumstances. These experiences were considered not only as unique to each individual but also as bound up with intersubjective aspects of the therapeutic relationship. Two super-ordinate themes emerged: (1) TEMPORALITY & AGEING including certain sub-themes, namely *time perspectives: an awareness of time; facing multiple losses; relevance of age difference in the therapeutic relationship*; and (2) THERAPEUTIC RELATIONAL WORLD including sub-themes: *quality of relating; therapy as emotional release and transcending/expanding of the self*. The research provides an insight into the lived age difference experience of older individuals within the context of their therapeutic relationship; and indicates that age difference entered into their therapeutic experience in complex and diverse ways. In particular, age difference seems to be embedded in the intersubjective interaction between client and therapist. Factors such as temporality and ageing appear to be the important organisers of the participants' therapeutic experiences this including the age difference aspect. The findings are discussed in the light of the phenomenological and intersubjective perspectives; along with suggestions for future research, and implications for Counselling Psychology.

CHAPTER 1. INTRODUCTION

A major challenge for life in the 21st century is presented by increased longevity and a consequent increased proportion of older people in the population. For example, according to the UK Government Actuary's Department (GAD) it is estimated that by 2035 the average life expectancy (at birth) for a male will be approximately 81 years and for a female around 85 years (Warnes, 2006). Other sources report that there are 11 million people aged 65 years or over in the UK, a figure which has more than doubled since the early 1930s and is set to increase to over 16 million by 2032 (Age UK, 2015). While these demographic factors have clear implications for older people's quality of life, they also highlight important practice implications for counselling psychology, especially as practitioners are much more likely to come into contact with older people and yet may feel ill-prepared to meet their needs, all the more so as specific training on working with this population is not universal and practitioners may lack 'cultural competence' (Sue, 2001; Laidlaw & Pachana, 2009).

Age is such an important clinical phenomenon, and yet in psychology's commitment to issues of difference, age and ageing experiences have not historically been considered to be a critical aspect of diversity involving an individual and their subjective world (Karel, Gatz & Smyer, 2012). However, in the UK and USA, the academic community is increasingly recognising age and other factors which may intersect with age (e.g. gender, ethnicity, sexual orientation), as central for the development of therapeutic relationship (Sue & Sue, 2012; Tomko & Munley, 2013).

While the psychological theories of adult development (Erikson, 1950; Levinson, 1978) have established some time ago the need to see that people experience life events differently at various stages of development, only relatively recently, there has been a substantial increase in the literature on psychological therapy for later life (e.g. Knight & Lee

2008; Pachana, Laidlaw & Knight, 2010). Extensive research has focused on outcomes of therapeutic treatments with older adults (Roth & Fonagy, 2005), but what is lacking is the research based on older clients' accounts of therapy in general; and the role that age difference may play in the therapeutic relationship. Research reporting the efficacy of treatments focuses on demonstrating how established therapeutic approaches, e.g. Cognitive-Behavioural Therapy (CBT) (Stanley et al., 2009); psychodynamic approaches (Roseborough, Luptak; McLeod, & Bradshaw, 2013); and family therapy (Benbow & Goodwillie, 2010) can be usefully applied to work with older people. This said, outcome studies, although significant in providing good evidence that psychotherapy is effective with older people, do not provide information regarding crucial events and factors *within the counselling process* i.e. those that *promote* positive outcomes (Crits-Christoph, Connolly Gibbons & Mukherjee, 2013). Thus, the question of whether therapy with older adults works is central to evidence-based practice but one which provokes on-going debates over the lack of clarity about *how* therapy works. It has been argued (Leichsenring; 2005; Elliott, 2010), that the problem lies specifically in the research methods, which in the majority of instances are quantitative; and another related issue is the continuing trend towards examining the results of therapy through the lens of psychopathology (e.g. depression). In addition, the established research regarding older clients has been dominated by the modernistic view of age, defined mostly as a demographic characteristic (Cooper, 2008).

In contrast to outcome quantitative studies, qualitative research based on clients' therapeutic experiences (regardless of age) provides valuable insight into the therapeutic process (Elliott, 2008), and has highlighted various client's and/or therapist's characteristics, e.g. culture (Jim & Pistrang, 2007) or social class (Thompson, Cole, & Nitzarim, 2012) as impacting on the therapeutic relationship. Furthermore, it has been observed that clients' expectations, for instance regarding therapeutic process or their (clients') role in therapy are

important clinical factors (Constantino, 2012); and often may differ from a counsellor's views (Macrill, 2007). Moreover, failure of practitioners to address issues of diversity may lead to a client's feeling of not being understood (Paulson, Everall & Stuart, 2001).

Given the gaps in research on older clients' experiences; it is therefore intended that this current research, informed by an Interpretative Phenomenological Analysis (IPA) approach, will contribute to the existing understandings of clinical work with older clients by specifically looking at how age and age difference experiences are meaningful to an older individual within a therapeutic interaction. This knowledge could potentially be an important resource for guiding counselling psychologists in their responses to their older clients.

CHAPTER 2. LITERATURE REVIEW

2.1 Overview

In this chapter, the following sections are considered to offer the historical and current contexts in which this research is situated, including a brief discussion of relevant theories and research in the field of ageing, and in clinical work with older clients. A selection of theoretical and research literature has been explored within the following key areas:

- overview of the socio-cultural contexts in which older adults seek therapy
- theoretical approaches to ageing
- older people's attitudes towards mental health and psychotherapy
- experiences of therapists working with older clients
- available research covering older clients' experiences.

The chapter concludes with a rationale and aim for the current study, including the choice of Interpretative Phenomenological Analysis (IPA) approach to address this research question.

This research has been designed primarily with counselling psychology in mind and with the aim of enhancing professional practice (Kasket, 2012). Specifically, it hopes to offer a better understanding of older clients' therapeutic experience and how age difference may play a role in the therapeutic relationship. It is important, however, to recognise that while age difference alone might not necessarily be an issue clearly expressed by an older client, the actual experience of ageing, e.g. the experience of diminishing personal and/or social capabilities, restrictions and losses, as well as an increasing prospect of death, may represent a major challenge to an older individual. This is not to say that age difference is not important within the therapeutic context. However, counselling psychologists would do

well to be aware of and sensitive to the specific therapeutic needs of older clients. How, then might age difference be understood? The following sections discuss firstly the socio-cultural and then the psychotherapeutic contexts relating to ageing and intergenerational difference.

2.2 The socio-cultural context of later life therapy

Age, like any other personal characteristics, is considered to be a powerful variable influencing the subjective meanings that older people give to their lived experience and in turn to their quality of life (Bond & Corner, 2004). While the ageing process tends to be judged as a series of positive and/or negative experiences which to an extent nobody can predict, older age as a distinctive phase of life may raise a number of specific issues (including loss and an increasing prospect of mortality), which in turn may require mourning and psychological re-organisation (Glover, 1998; Junkers, 2006). Restrictions and losses can mean not just declining health but also loss of control over one's life, loss of confidence and/or a limited social interaction. Issues of control and coping in later life have important implications for therapeutic practice with older clients, including goal setting and establishing of a therapeutic relationship (Morgan, 2003). For instance, older clients' perceived lack of control and lack of hope is believed to influence their motivation and engagement in the therapeutic treatment (Bergin & Walsh, 2005).

It is believed that, in order to maintain a sense of control, older people tend to adapt to adverse situations; and the literature (Urry & Gross, 2010) has distinguished a number of processes involved such as: selection, e.g. modifying activities and expectations; compensation, e.g. compensating for losses; and optimisation, e.g. accepting what is available. The adaptation concept is represented within other theories of ageing such as: disengagement theory, continuity theory, activity theory or the theory of successful ageing

(Bond & Corner, 2004). The disengagement perspective assumes that due to loss older people disengage from interactions in social life. Contrary to the disengagement theory, continuity theory maintains that in the course of a lifetime we strive to maintain internal and external continuity. The activity theory emphasises that positive ageing involves activity and engagement. In turn, the *successful ageing* perspective (Rowe & Kahn, 1997) brings to the fore the importance of achievement, and maintenance of a range of personal resources such as life satisfaction and positive outlook, in providing positive influence on wellbeing in older age (Bowling & Iliffe, 2011). Although the concept of successful ageing has been subjected to a variety of criticisms, mainly because it emerged from the concept of success specific to US culture (Foster & Walker, 2015), this perspective has had implications for the current trends of thought in psychotherapeutic practice with older clients (Terry, 2014).

There is no real consensus on the definition of *older adult*, since the elderly are far from being homogenous and their chronological age is not always equivalent to their psychological, biological and social age (Hinrichsen & Clougherty, 2006). After all, two 65 year olds may differ from each other owing to: their own subjective sense of age; their individual life course experiences (past or present), their genes and/or their individual lifestyles. In gerontological literature, older people tend to be *classified*, according to their chronological age, into various age-related categories, e.g. *the young old*, *third agers*, or *fourth agers* (Bond & Corner, 2004) rather than being described by cohort related differences (Knight & Lee, 2008).

Related to the way in which older adults tend to be categorised in gerontology is a blurring of age categories between different generations, a phenomenon which indicates that the course of life in our society has changed owing to various factors such as: greater longevity, flexible retirement and/or more active lifestyles (Kloep & Hendry, 2007). This seems to some extent to have had the effect of making older people more acceptable to

younger generations and gerontological theorists and researchers have been trying to establish how such social and cultural contexts may impact on the identity of older people in current times (Vincent, 2006, Leach, Phillipson, Biggs, & Money, 2013) For instance, Vincent (2006) points out that ageing well in contemporary times is about fulfilling social expectations associated with continued activity and/or productivity. This is true to the extent that roles and lifestyles now available to older people have become more diverse than ever. They are told that they can achieve anything as long as they want to (i.e. dress young, look young, exercise, take holidays or socialise as younger people do). The growth of anti-ageing medicine has progressed to the point where it is not always easy to distinguish the 'old' from the 'young' and taking care of body image has come to be understood as a personal responsibility and even part of a person's identity (Faircloth, 2003; Vincent, 2008).

On the other hand, given these culturally imposed values, which continue to have an impact on the way age and age difference are perceived and made meaningful, it is difficult to state when older age actually begins and what exactly are the hallmarks of later life. Nowadays, the transitional pathways into older age tend to vary, for some beginning in their fifties, and for others in their eighties (Kloep & Hendry, 2007). Traditionally retirement has served as a standpoint of entry into later life, but the recent changes in pensionable age mean that people are expected to be productive until they are older (Vincent, 2006). This raises questions around the meanings that older generations may attach to processes of ageing, change, or/and continuity (Hockey & James, 2003). In addition, attempts to erase differences between younger and older generations appear to promote the avoidance of engagement with life course issues, and of learning the skills involved in lifespan transitions (Loewenthal, 2010). While, such a fluid notion of later life might promote a reduction of ageism (discussed in more detail later), it may also lead us to devalue later life experience. Firstly, we may fail to acknowledge that there are numerous advantages to older age and that for many people, being older, wrinkled and grey does not necessarily have negative connotations (Janssen, Abma & Van Regenmortel, 2012).

These conceptual debates in the field of ageing have to some extent influenced how later life is conceptualised in contemporary counselling psychology theory and practice (Goudie, 2010). However, while counselling psychology recognises the impact of issues which are distinct to older age, it can be argued that not enough attention is paid by researchers and practitioners to these broader contextual factors, which may have very important implications for the understanding of older clients' psychological wellbeing and their experience of therapeutic relationship. In turn, this may be contributing to negative attitudes towards older persons and their marginalisation in our society. Such negative attitudes, commonly referred to as 'ageism' (Butler, 1969), can be frankly 'dehumanising', and have been recognised as one distinctive aspect within the therapeutic context where an older client is concerned (e.g. Laidlaw, 2010).

One answer as to why counselling services for the elderly have been relatively neglected by both therapists and clients might possibly be the prevalence in most western societies of beliefs about old age as a time of decline. Recent research focusing on therapists' variables has highlighted how the counsellors' attitudes towards older people can impact on the therapeutic process. For example, some therapists may be fearing their own ageing, dependency and/or mortality (Atkins & Loewenthal, 2004; Tomko & Munley, 2013). In addition, it has been emphasised that the emotional impacts of growing older on identity have been taken for granted by older people themselves as being simply a part of growing old (Laidlaw, 2010). According to this view, older people do not ask for treatment because they attribute their problems to old age instead of seeing them as part of an illness such as depression which can happen at any point in life. On the one hand such thinking is certainly a useful attempt to reduce the effects of ageism but at the same time it raises questions around issues of illness and/or diagnosis as well as pathologising constructions of ageing.

2.3 Theoretical approaches to ageing

A further theoretical consideration relates to ways in which various therapeutic perspectives, discussed below, engage with age-related issues.

2.3.1 Developmental approaches

From the developmental perspective (e.g. Erikson, 1950), later life includes opportunities for *positive* change and growth. Erikson believed that every human being goes through a certain number of stages in order to achieve full development. In his developmental theory a person's lifetime is divided into eight different phases with each phase defined by an engagement with a new task that, depending on the individual's personal resources, may or may not be successful. His final developmental stage, typically 65 to 70, was described by Erikson as the stage of *Integrity* versus *Despair* while looking back on one's life. Those who feel satisfied with their achievements will feel a sense of integrity, while others who experience lack or loss of integrity will feel regretful. While this theory offers a helpful way of thinking about developmental tasks of later life, it has some limitations. Erikson, in the 1950's, depicts what he then perceived to be the final phase of life as a passive reflecting on one's past, with little attention being paid to the meanings of the present and/or future; yet nowadays older adults, having a likely prospect of further years ahead, do not necessarily withdraw from the present and/or future (Spira, 2006). Erikson's theory does not see older adults as needing to re-engage in activities related to the earlier stage of *Generativity*, concerned with creating a sense of purpose and identity. Failure to take into account that ever greater numbers of older adults continue remaining active (Grundy & Henretta, 2006; Liang & Luo, 2012) may affect attitudes towards this age group. Nowadays, development in later life may not be merely about looking back on one's

life and mourning loss, but also about embracing some new goals, pursuits and creative involvement in life.

Levinson (1978) offered a model which divides the life course into three eras: each 20 years long. His research describes the following stages: childhood (birth - 20), early (aged 20-40), and middle (aged 40-60). Levinson argued that within these broad stages, we experience passing through alternate periods of stability and evaluation/transition. During these transitions we take stock of our life structure and consider certain modifications to suit our priorities better.

Mitchell (2010), with particular reference to Levinson's developmental framework, suggests two additional phases, namely late adulthood (age 60-80) and old age (aged 80 and over). In addition she refers to the inclusion of a 'developmental diagnosis' (p.143) in a case formulation, where considering older clients from a lifespan developmental perspective may help therapists to identify and to expand on their clients' developmental needs and processes, thus enhancing the scope of clinical work and furthering these clients' growth. Thus, Mitchell maintains that recognition of the ways in which older clients compare and contrast different sectors of their lives may provide a vital resource for a therapist to work more empathically and to promote clients' awareness of their own lifespan changes. She claims this applies particularly in the last phase of life when social institutions and the prevailing culture provide us with little guidance as to what we are supposed to do at this stage.

Only in relatively recent times there has been an increase in the psychotherapeutic literature which draws more extensively on lifespan developmental psychology, perspectives highlighting that ageing is embedded within not only personal but also socio-cultural contexts (e.g. Knight & Lee 2008; Pachana, Laidlaw & Knight, 2010). According to these views, in clinical practice with older clients, differences in meanings and values between them and their younger therapists may be found comprehensible only when each

is considered within his or her unique set of social, cultural and historical experiences. It has also been argued that failure by practitioners to recognise the complexity and nuances of the client's lived experiences and/or the impact of historical and socio-cultural forces on his or her presenting difficulties, for instance in the area of sexual orientation, may impair these practitioners' capacity to engage with an older lesbian, gay, bi-sexual or/and transgender (LGBT) clients (Hillman & Hinrichsen, 2014).

Knight and Lee (2008) address such potential challenges to the quality of the therapeutic alliance in their trans-theoretical model of psychotherapy with older clients called the contextual adult lifespan theory for adapting psychotherapy (CALTAP). By drawing on a multidisciplinary field, including the lifespan developmental perspective, Knight and Lee (2008) emphasise that while older people may suffer specific later life difficulties they may also enjoy greater personal resources. Furthermore, they maintain that age, and the intersection of age with other diversity factors (e.g. ethnicity, gender, sexuality, health, class, health etc.), are very important considerations in clinical practice. According to their perspective, therapists need to pay attention not just to older clients' presenting difficulties but also to their *birth cohort* (e.g. their socio-historical experiences, life expectations, and intellectual abilities) and *diversity* (e.g. variability in their immediate socio-cultural and/or political environment). Of importance, is also the role of continual growth towards *maturity* throughout the lifespan; and while loss and decline are the most common challenges; maturity can contribute to a greater degree of self-reliance. In other words, their thinking is an attempt to encourage therapists, regardless of their approach, to include the key elements of cohort, diversity, culture and psychological maturation; and to conceptualise losses as challenges specific to each client's individual circumstances. Recent research, exploring the impact of life experience on older adults' attitudes towards ageing, supports this view (Shenkin, et al., 2014). In addition, the CALTAP approach has attracted a considerable attention, in particular within the field of CBT therapy, and current trends focus on facilitating CBT to address complex needs of older adults (Laidlaw, 2010). While the

assumption that people mature and grow wise across their lifespan is a positive one, the attempt to explain and deal with older clients' ageing issues in terms of cognitions and behaviours seems reductionistic.

2.3.2 Psychodynamic approaches

Given that each experience of advancing years is different, the psychodynamic approach to later life is important in that it emphasises the uniqueness of older people and their experiences. In particular, it offers a way of understanding the issues of ageing, by taking into account how the quality of personal history (childhood and adult life) may impact on the emotional make-up of our psyche, and subsequently on the way we experience later life (Garner & Evans, 2010). Thus, in psychodynamic work with older clients, attention is paid not so much to the ageing problems themselves, but to the way in which such experiences may relate to any past developmental conflicts; how they may interfere with the developmental tasks of ageing; and /or lead to loss of resilience (Martindale, 2007). Mourning is also viewed as of crucial importance in helping an older client to recognise losses involved (Terry, 2008).

The approach recognises various levels of communication (verbal and non-verbal) between client and therapist, and helps with thinking about ageing experiences in various different ways. Stern and Lovestone (2000) argue that psychodynamic theory provides a framework for exploring ageing fears and anxieties with older individuals, but also for addressing ageism issues with the medical/social staff working with these clients. This might be particularly important in the realm of dementia where the responsibility for trying to understand what is being communicated by the patient may ultimately rest with the clinician.

2.3.3 Existential-phenomenological approaches

Existential-phenomenological analysis focuses on clients' lived experience as embedded within their socio-cultural context (Spinelli, 2015). It is a philosophically based perspective and among various viewpoints, Heidegger's (1962) claim that, at the most fundamental level, being human means *being-in-the-world* provides a particularly useful framework for thinking about the experience of later life in terms of an *intersubjective meaning-making activity* involving an individual and their experiential world (Frie & Reis, 2001; Stolorow, 2011). The central aim of therapeutic work, therefore, is to increase a client's awareness of the complexity of our experience including the tensions inherent in *how* they choose to respond to ultimate concerns in their lives and in this respect therapy can support older clients in finding a meaning in later life changes and thus improving the quality of life they have left (Rennie, 2006).

Loewenthal (2011), building upon existential-phenomenological and postmodern thinking, offers what he calls the post-existential approach or *therapy without foundations*, which emphasises the importance of bringing ethical issues to the fore and moving towards phenomenological and contextual understandings of clinical practice. The post-existential perspective conveys something deeply expressive of contemporary attitudes towards ageing, namely our alienation from our essential meanings of life (and death). Loewenthal (2010) frames this phenomenon as 'escape motivation' (p.321) and he argues for practice where an engagement with a client's lived experience is central, rather than relying on the 'swift and solution orientated' approaches. As mentioned earlier, such modalities may be successful in proving CBT's efficacy in treating ageism (Laidlaw, 2010) but in fact are simply pathologising the natural life processes of growing older.

The scope of post-existential argument in terms of older clients' experience is that: firstly it indicates the complexity of both the personal and the social issues older people

nowadays face; and it encourages therapists working with these clients to take a critical stance towards contemporary 'unproblematic' notions of ageing and age-related identity which may conceal '*....the sense in which identities are constructed rather than found*' (Frosh, 2006, p.180). Secondly, the post-existential perspective suggests the need for therapists to move beyond the prevailing definitions of ageing and age difference towards considering the unique meanings emerging between client and therapist as contextual and temporal (Cayne & Loewenthal, 2008). It also suggests the impossibility of fixing any definitive, objective conceptualisation of what constitutes therapeutic treatment in later life. For instance, in contrast to the 'modernist' models of therapy for older clients (e.g. Laidlaw, 2010) discussed earlier, the post-existential approach highlights the client's life course experience (e.g. attitudes, personal history, living environment and culture, etc.) not as a *background* but rather as a *vital element* in treatment (Heaton, 1998).

While these plausible arguments appear highly relevant to psychotherapeutic practice as a whole, and are supported by a high proportion of contemporary socio-cultural and perspectives challenging the 'modernists' formulations of therapy, health, ageing and care (Jolanki, 2009; House, 2012; Tomkins & Eatough, 2013), the same arguments raise the question as to whether it is ultimately possible to approach therapeutic practice without any theory in the background or whether this is simply an ideal which therapists should strive towards but can never really achieve.

In summary, approached from various theoretical angles the subject of age and intergenerational difference in the context of therapy reveals that the way we experience later life is complex, and defined not only personally but also biologically, socially and culturally. It is also bound up with historical forces and structures of power. An understanding of how these contexts may impact on older clients' therapeutic experiences can aid counselling psychologists in helping these clients to find meanings and to cope better with the challenges related to later life.

In current psychotherapeutic theory and practice, the growing consideration for older clients' experiences, in particular from the lifespan development and phenomenological perspectives, is encouraging and reflects the changing trends towards working with and representing the needs of these clients. Nonetheless, the limited 'evidence-based approach' to therapeutic practice with older adults currently prevails and in certain cases it may be not only unsustainable but also antithetical to good psychotherapy practice (House, 2008).

As documented in the literature, it seems that on one hand the challenges of old age legitimate access to the psychotherapy experience, while on the other hand these same challenges lead to older clients' being denied such opportunities. It follows that theoretical discussions of therapy for later life have been largely governed by a set of conceptual dualisms of function and dysfunction, which is also implicated within the available research. The following section discusses such current debates concerning older people's difficulties in accessing therapy services and explores the ways in which these issues may be potentially impacting on the quality of their therapeutic experiences.

2.4 Older people's attitudes towards mental health and psychotherapy

Taking a closer look into the literature concerning differences in generational norms and values leads to an awareness that these socio-cultural and historical influences may be responsible for older people's difficulties in getting psychological support as well as potentially impacting on older clients' therapeutic experience. For example, given that the age gap between older client and younger therapist might be sometimes forty years or more, a client's lengthier life story and multiple losses may arouse feelings of being a burden (Dixon, 2007).

The experience of advancing years is different for each individual. For many, being older may be an emotional upheaval. For example it has been reported that 28% of women and 22% of men over 65 years old suffer from depression (Age UK, 2015). While research demonstrates that psychotherapy may help older people to face later life challenges including depression (Pinquart, Duberstein, & Lyness, 2007; Fiske, Wetherell, & Gatz, 2009), many older people in the UK do not use psychological services. Possible reasons for this include: older people are less likely to receive psychological therapy than younger people (Royal College of Psychiatrists, 2013); there is a lack of awareness of available services as well as a tendency on the part of some to view therapy as an unfamiliar and/or undesirable means of resolving issues. Unfortunately, there is evidence to suggest that older people tend to be reluctant to access psychological services because of negative views of 'old age' among therapists and/or older clients (Laidlaw, 2013); perhaps also because of the fact that the referrals made by general practitioners tend to be lower for older people (Prina et al., 2014).

As indicated in the literature, major life experiences such as loss of health or bereavement were dealt with differently when today's older generations were young (Conner et al., 2010; Janssen, et al., 2012); and many older adults seem to associate counselling with mental illness and tend to seek help within a medical setting rather than through therapy (e.g. Scrutton, 1999). Furthermore, many older people hold on to the idea that mental health services are for the insane, and research shows that some older adults express a fear of being stigmatised (Robb, Haley, Becker, Polivka & Chwa 2003), in particular those who live in a rural area (Stewart, Jameson, & Curtin, 2015). Therefore many older people tend to believe in the importance of handling problems on their own and turning to culturally sanctioned coping strategies, for example the wisdom of not telling their problems to a stranger; and/or many older adults may lack knowledge about the benefits of psychological services (Robb et al., 2003).

The results of the Quinn, Laidlaw & Murray's (2009) study lend further support to these points as they suggest that older people's attitudes to mental illness and ageing may be linked to and mediated by personal experience including control and coping mechanisms in the face of age-related challenges. This study used a mixed methodological approach (quantitative and qualitative) to explore and compare older people's attitudes to mental illness in the context of attitudes to ageing (the overall mean age being 77.64). Although negative attitudes to mental illness were associated with negative attitudes across the entire sample (n=74), the 'clinical participants' (i.e. users of mental health services n=24) reported more positive attitudes to mental illness and a greater degree of negative attitudes to ageing. The reverse was true for a 'non-clinical' sample of participants (i.e. those who never used mental health treatment n=50). This study highlights the importance of understanding older people in terms of cohort differences (Knight & Lee, 2008) and makes clear that for the counselling psychology of later life it is equally important to learn more about older people's experiences of ageing and, within the context of psychotherapy, to look closely at the impacts on their identity of such experiences. One of the limitations of this study is its focus on the mental health context and this raises the question as to how/whether participants had understood the term 'mental illness'.

The qualitative study by Conner et al. (2010), which used focused groups with 42 older African Americans who had recently suffered depression, examined differences in help-seeking behaviors from the angle of age and race factors. Study participants often did not believe mainstream mental health services would be effective, and therefore delayed seeking help and talked about culturally endorsed coping strategies for dealing with their issues (such as not telling others or turning to prayer). This finding confirms what has been reported by earlier studies. However, one of the shortcomings of this study is that it examines attitudes of older African-Americans, therefore in using this sample the results may have limited relevance to older adults in the UK, except perhaps to those of similar ethnic background.

There are two ways in which Quinn et al. (2009) & Conner et al. (2010) add to the picture already created by the previously quoted research; the picture, that is, concerning negative attitudes, among older adults, to mental illness and to help from psychological treatments. Firstly, these studies make it clear that cultural and social contexts can contribute to psychological wellbeing as well as to older people's conception of and/or responsiveness to treatment. Secondly, these studies further stress the importance that multicultural approaches to counselling psychology place on understanding clients' difficulties, not just in terms of intrapsychic factors but also within the context of social and cultural situatedness (Sue & Sue, 2012).

In summary, there is evidence to suggest that older people tend to have negative attitudes towards mental health and seeking psychological support. As a consequence a majority of older individuals suffer their mental distress in silence and remain undiagnosed, untreated and at risk. Many do not seek help and for those who do, ageist attitudes among health professionals can mean that access to the full range of psychological treatments may be restricted because of their age. The research on older people's attitudes to therapy highlights that counselling psychologists must seek to know more about the diverse and different coping strategies of older people and how these may impact on the therapeutic process. Ignoring the problem should not be an option, as mental distress in older age, including depression, can increase the risk of other illnesses and may lead to suicide (Greenlee & Hyde, 2014).

2.5 Therapists' experiences of working with older clients

The research concerning the experiences and perceptions of therapists working with older clients draws attention to the existence of some commonly held stereotypes among older clients and their therapists around the topic of ageing. It also reveals the complexity inherent in older clients' issues as seen from the therapists' viewpoint. As shown by the studies on psychotherapists working with older clients, ageism may affect the development and maintenance of a meaningful therapeutic interaction with older clients. Nelson (2005) found that psychologists are hesitant to treat older adults and that they rate the prognosis of older clients as worse than that of younger persons presenting with comparable symptoms. Tomko and Munley (2013) researched the vulnerability of counselling psychologists to biases of age and gender and found that the older practitioners showed less bias towards older clients.

The literature on psychotherapeutic work with older clients also highlights the unique aspects of work with this group such as the complexity inherent in dealing with their difficulties concerning core issues of ageing including dependency, loneliness and death (Martindale, 1989; Terry, 2008). Importantly, Martindale (1989) notes how emotionally difficult it can be to work with unconscious communications of dependency in that the therapist may experience their clients' mental pain of living with the increasing prospect of death. He also argues that therapists may overly focus on clients' issues to avoid their own painful feelings about mortality.

A number of writers highlight the potential of the therapeutic context to generate specific responses in younger therapists who work with older adults (Morgan, 2003; Atkins & Loewenthal, 2004). Atkins' and Loewenthal's (2004) heuristic study of therapists working with older clients shows how practice with this population can vary due to a distinct intergenerational transference/counter transference relationship. In this study, therapists

experienced a sense of wanting to 'behave' toward an older client as a 'parent', a 'child' or a mixture of both. This study was important to the current research because it provided a valuable insight into the relational dynamic and effects of age on psychotherapy processes. Secondly it stressed the importance of attending to transference and counter-transference processes in the development of the working relationship. The limitation of this study is its focus on the therapists' perspective.

The literature concerning counselling older clients with dementia suggests that counselling psychologists also need to be aware of the tension between their own pre-understandings of diagnosis and the therapy settings (Greenwood, 2008). Greenwood's case study of counselling a client with dementia in a nursing home highlights how the pre-understandings associated with a diagnosis can be imposed on the therapy not only by the therapist but also by the setting.

The literature on therapists' perspectives also shows that typically highlighted issues of later life which older clients tend to present with are: diminishing health, loss of autonomy, retirement, relationships, religion, spirituality, bereavement and death (Scrutton, 1999; Mills & Coleman, 2002; Orbach, 2003; Hillman, 2008; Quinodoz, 2008) with consideration for different contexts including: family, social networks and care facilities (e.g. Benbow & Goodwillie, 2010; Cody & Drysdale, 2013). Loss and nearness of death are inevitably the most common themes and often require certain modifications to the aims of therapy and the therapeutic process (Garner & Evans, 2010). Therapists working with older clients need to be able to provide a containment of difficult emotions and truths including ageing, sickness and the increasing prospect of death. Mourning is also viewed as of crucial importance in helping an older client to recognise the losses involved (Terry, 2008).

Bergin & Walsh (2005) address the role of hope in older adults' psychotherapy by placing their discussion within a lifetime perspective. They propose a clinical framework for working with hope and argue that the overall aim of this kind of work is to encourage an

older client to integrate their sense of loss concerning less satisfactory elements of their life with a sense that their life has been good enough.

In summary, the literature shows that therapists' beliefs about later life tend to be influenced by stereotypes, often oversimplifying the challenges and realities associated with ageing. As a result, at policy level, cultural values and preconceptions about older age seem to focus on standardised packages linked to a medically orientated focus on disorders, defined through the lens of pathology, rather than as ordinary later life experience. Currently there is a gap in the research into the therapeutic experiences of older clients, further compounding the troubling problem of neglect of later life in our society. This is discussed next.

2.6 Older clients' experiences of psychotherapy

There is a general lack of qualitative research on the subject of clients' experiences, including those of older adults, in a psychotherapeutic context (e.g. Elliott, 2008). However, one study by Hunter (2012) has focused in-depth on older clients' perspectives and considered the implications of age-based identity. In her study, Hunter (2012), using a narrative analysis, examined older clients' reflections concerning their counselling experience. The study aimed in general to highlight the importance of attending to the perspectives of older clients viewed as members of a cultural group. The object was to gain an understanding of older adults' experiences of therapy and their (i.e. the clients') recommendations as to how its practice might be improved. Hunter (2012) interviewed 10 participants who were 65 years old or over and who had undergone psychological counselling while in their senior years. In the process of data collection and analysis of the participants' narratives, Hunter focused on the participants' assessment of the therapists' characteristics including their (i.e. the therapists') cultural identity and cultural competence,

relational dimensions of the therapy experience as well as the contextual elements of the therapy (e.g. location). All of these seemed to influence older clients' experiences and perceptions of therapy in both positive and negative ways. Some participants who had a positive regard for their counsellors tended to describe counselling as a place to reliably receive help, and others with counsellors who made self-disclosures experienced discomfort. This qualitative study is a significant contribution to existing knowledge on the psychological care of older adults, guiding counselling psychologists to re-examine their biases about work with this sector. It also stimulated the researcher's interest in formulating new analytic directions. One of the interesting aspects of this study is that it provides an insight into the question of an older client's age-based identity. Where the relationship of age and identity to the presenting problems is concerned, including the way such concerns are presented and/or addressed in therapy, Hunter's results indicate that age mostly appears to be a discrete dimension of the clients' as well as of the therapist's cultural identity, implicated in the therapeutic relationship. This finding needed further examination and it seemed to be highly significant in preparing the ground for the current research, one reason being that Hunter recommended future researchers and/or therapists to re-examine their assumptions about issues like age, death or loss; her argument being that these issues were not necessarily as central to older clients' therapeutic experience as had been presupposed by some. This ran counter to the previously discussed literature as well as allying itself to the researcher's anecdotal experiences of practice with older clients. This is not to say that other issues reported explicitly by the participants in Hunter's study, such as family, relationships, sexuality, career or/and depression are not important for older people. But it could also be argued that concerns such as ageing, loss, and/or mortality might not be easily articulated by older people in the research or/and therapy setting. Therefore, these meanings cannot simply be taken at face value (e.g. as not central in the research or therapeutic context) by researchers and/or practitioners. This appears to be the biggest limitation of Hunter's study. In addition, the role of age differences in the experiences of

older clients with their therapists was not made explicit and instead left dependent on interpretation.

2.7. Summary of the literature

Within the context of later life counselling psychology, age is such an important clinical issue, and yet age as a critical aspect of individual diversity has been overlooked. It is only in the last two or three decades that more attention has been given to therapy with older clients. While outcome research has confirmed that psychotherapy with older clients *can* work (Roth & Fonagy, 2005), we are not clear *how* it works, and in particular what bearing age and intergenerational differences have on the process and outcome of therapy.

There appears to be an almost total lack of research regarding older clients' experiences of psychotherapy. What the available literature highlights is the role of ageing and/or age difference as impacting either on the client or on the therapist. However, looked at from the phenomenological and intersubjective perspectives the therapeutic relationship between client and therapist is seen as an interaction in which client and therapist continually impact on each other. Importantly, the research on the extent to which relational factors are linked to therapeutic outcomes, indicates that the therapeutic relationship by itself can be considered as more instrumental to the change process than any other model of therapy or use of techniques (Lambert, 2013). Thus in terms of clients' experiences of age difference in therapy with younger therapists, the current study is interested in how age difference is experienced within the unique and relational context of a particular therapeutic relationship.

Given the gaps in research on older clients' experiences, the considerably low use of psychological services by them, and the fact that most practitioners do not receive specific training on working with this population, it is essential to further the process of

learning how we can best support older clients in facing later life challenges. Thus, the focus of the current research has been chosen as a way of delving into the whole area of age and therapeutic relationship within a qualitative framework.

2.8 The current research question, aims and objectives

This research has attempted to address the question: How do older clients experience age difference in therapy with significantly younger therapists? Related to this primary question the following areas of interest are explored:

- 1) How may a significant age difference affect what older clients bring to and are pre-occupied with in their therapy?
- 2) How may age as an aspect of older clients' identity enter into the therapeutic relationship?

This research is important, as it is essential for counselling psychologists to be aware of and understand the impacts of age on older clients' experiences of therapeutic relationship. This research may shed light on the subjective as well as the intersubjective understandings of older clients' experiences in relation to the age difference aspect of therapeutic relationship. It will also contribute to the pool of knowledge that will help provide a better understanding of and foundation for holding a tension between having an awareness of the diverse experiences of ageing clients and at the same time avoiding assumptions based on this awareness.

CHAPTER 3. METHODOLOGY

3.1 Overview

This chapter will examine the rationale for selecting Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009), to explore how older clients in therapy with younger therapists experience age difference. It presents the theoretical foundations underpinning the research as well as describing the principles, structures and applications involved in the IPA approach. The main reason for selecting the IPA framework over any other qualitative approach is because this methodology is congruent with my own epistemological position, which is outlined together with my personal reflexive statement.

3.2 Qualitative research

The various qualitative approaches do not agree in every respect (Willig, 2012a). For example, they may differ considerably in: their view of reality; the importance they attach to theory; their choice of research strategies; or their knowledge claims. However, all qualitative approaches agree on the value of research and share the conceptual principles guiding it. One such universal tenet is that primarily the focus is on meaning. Qualitative researchers aspire to capture how people make sense of their real life experiences (McLeod, 2011). Therefore the approach lends itself to the study of a particular experiential context. As a result, the knowledge generated tends to be specific to the experiences of the participants involved and not generalisable to wider populations in the same way as is the case with quantitative studies.

The value of insights generated by using a qualitative approach may be important in terms of contributing to the existing knowledge about the particular phenomenon under investigation; and importantly may provide an insight into aspects of the phenomenon that

have been previously overlooked. In fact, given that age difference is unique to each individual, and may prove difficult to define, the qualitative framework suggests itself as the best choice for capturing and representing those facets of experience which might not be immediately obvious to the researcher or even to the research participants themselves. Therefore, the approach seems not only appropriate to exploring older clients' experiences as expressed directly but also to addressing broader and less explicit existential dimensions of their experience. Furthermore, an engagement with meaning and interpretation requires qualitative researchers to attach a high importance to reflexivity; in other words, to how their own subjectivity might influence their understanding of data (Willig, 2012b).

Owing to a number of reasons, including the relevance of the qualitative perspective to practice, it has been argued (Morrow 2007) that its nature is particularly well suited to counselling psychology's interest in human experience. For example, a growing number of researchers regard a qualitative framework as empowering in terms of truly listening to those who are oppressed and marginalised (Willig, 2012b). Meanwhile, quantitative studies based on positivistic thinking (Roth & Fonagy, 2005) dominate the majority of the existing research on psychological treatments, including psychotherapy with older adults. Such a positivistic perspective assumes a single reality, which can be studied objectively. The type of knowledge sought in this case aspires to find the relationship between variables (e.g. 'cause-and-effect') and to draw conclusions that are of general significance. Hence the choice of a qualitative rather than a quantitative approach.

3.3 IPA - historical and philosophical background

The IPA approach has its root in phenomenology which is the philosophical study of lived experience. It began with Husserl and has been further developed by a number of theorists including, Heidegger, Merleau-Ponty and Sartre (Smith et al., 2009). Within

phenomenology there is a range of theoretical orientations. For Husserl (1931) phenomenological enquiry focuses on what is experienced in the consciousness of the individual; others define our experience by qualities of worldliness (Heidegger, 1962) or embodiment (Merleau-Ponty, 1962). Whilst these traditions may differ there are some common assumptions (Moran, 2000). Broadly speaking, these perspectives are concerned with learning about the meanings that people create around their experiences in the context of their particular world.

According to Husserl, the underpinning principle of phenomenological enquiry is its focus on the essence of things. In other words, phenomenological enquiry requires an engagement with what *is being* experienced. His famous claim of attending to: '*the things themselves*' rather than applying theoretical explanations (Loewenthal & Snell, 2003) further articulates this idea. Through his notion of *intentionality*, Husserl explores the question of what makes experience possible; for example how it transpires that in our experience of being human we never register our experience in a 'passive' way (Loewenthal & Snell, 2003); and very often the way we see things is influenced by our personal and/or socio-cultural background. Husserl therefore recommends that, in order to gain some access to phenomena, we need to practice '*phenomenological reduction*' or to '*bracket out*' our assumptions. Practising such 'reductions' allow us to 'view' a phenomenon in a 'fresh' way, yet Husserl also makes us aware (in his later writings) that we can never fully experience 'pure' phenomena because of the limitations of our being.

Thus one of the implications of Husserlian phenomenology for IPA research, is the necessity for a deeper appreciation of immediate "...*pre-reflective features of experience*..." (Smith et al., 2009 p.187); in other words, being more ready to take into account initially occurring, more subtle layers of experiences, meanings, feelings or thoughts, appearing to offer promising material beyond the participant's account, rather than prematurely moving to the interpretative level of analysis. For instance, in terms of the current research, one way

of facilitating this was by staying close to the idea of remaining open to experience (the participants' and the researcher's) and allowing each area of experience to 'speak' for itself (e.g. through use of semi-structured interviews with open-ended questions). Husserl also led the researcher to realise how important it is for her to be able to hold the tension inherent in the process of managing any biased pre-understandings about the world, while trying to access a participant's subjective meanings (e.g. through use of a research diary).

Heidegger's developments of Husserl's ideas, focused on an ontological enquiry (a question of being) and the hermeneutic aspects of phenomenology (i.e. accessing an experience through an interpretation) (Moran, 2000); and have had an even more direct bearing on the current research. In Heidegger's eyes, we human beings exist in relatedness to some meaningful context which includes the way we relate to those around us and the things that matter to us. At the heart of this intersubjectivity, lies Heidegger's notion of *Dasein*, namely *our being-in-the-world* (Heidegger, 1962). In other words, we are always fundamentally interrelated within our relational, socio-cultural and physical realities or, as Larkin, Watts and Clifton (2006) put it, we are all: "*persons-in-context*" (p.105). In order to understand what kind of creatures we are and what meanings we make out of our experiences, Heidegger argues that we need to be able to contemplate our subjectivity as constituted within *Dasein*. Also according to him our language 'discloses' (Heidegger, 1962, p.232) our engagement in the world. However, as we attempt to gain access to our experiences, we may be challenged by limitations inherent in our language.

These aspects are particularly relevant to the current research. For example seeking creative, novel ways of paying attention to how participants express themselves (e.g. taking note of their use of a metaphor) may prove to be more productive in revealing their meanings than just simply describing their experience. Thus, Heidegger's theory that things are often disguised informs us researchers that what we perceive should not always be taken at 'face value'.

Heidegger's perspective has had very important implications throughout the process of the current research, in particular regarding a more reflective way of thinking about the various aspects of our experience and our interpretations of it. Furthermore, his notion of *Dasein* has admitted new understandings of interrelation between an individual and the world as inherent in human experience. For example, during the research process it was assumed that *everything* brought to the research situation, both by participants and researcher, could be seen as relevant to their being, and significant to this research.

In addition, paying attention not only to the way we look at our experience but also to the kind of questions we ask about it, allowed the researcher to become more aware of participants' experiences and made her pay attention to how she tends to attach an importance to particular meanings and not to others. This was a complex process, requiring taking into account a whole range of meanings which were assumed to be already embedded in the participants' and the researcher's cultural, social and historical backgrounds. Most significant for the researcher was, however, the recognition that the findings of the study appeared to be co-created within the intersubjective research encounter of participant and researcher (Larkin & Thompson, 2012).

In summary, this is the ontological and epistemological context within which the researcher has positioned herself while conceptualising and carrying out this study and the next section focuses on the researcher's personal epistemological position. Having outlined my reasons for choosing IPA as a qualitative research approach, it now remains for me to expand on my own perspective.

3.4 Personal epistemological position

Willig (2012a) proposes three broad epistemological positions: realist, phenomenological and social constructionist, each kind reflecting a different approach to the production of knowledge as well as different methods of data collection and analysis. I agree with Willig (2012a) that the process of clarifying and acknowledging one's own epistemological perspective is central to any research. I would describe my current position as broadly informed by ideas from hermeneutic phenomenology, whilst being aware that I am still in the process of 'binding' the various aspects of my evolving stance; and that my current ideas will continue to develop. This rather tentative position is based on an attempt to gain some understanding of the world in a phenomenological way. Therefore what matters to me is an open yet engaged approach with an experience of anything in the experiential world of each participant (e.g. thoughts or feelings), irrespective of whether this experience is related to other aspects of reality and/or to any objective measures. Thus, I view phenomenological knowledge as the knowledge of the different colours and textures of our experience. Naturally, I recognise that such a view rejects the positivistic idea of an objective truth waiting to be discovered. Rather, truth and meaning evolve from our engagement with the world.

Phenomenology has helped me consider that *how* we view our reality may affect the questions we ask about our experience. As a qualitative researcher I tend to view reality as having multiple facets and I have come to recognise that what at first glance appears to be 'the same' phenomenon (e.g. age difference) might be encountered in many and various ways by different people. For instance, it is well recognised that major life experiences such as loss of health or bereavement were faced and dealt with differently when today's older generations were young (Conner et al., 2010; Janssen, Abma & Van Regenmortel, 2012); and as a result many older adults tend to seek help within a medical setting rather than through psychological therapy (Scrutton, 1999).

The phenomena of age, ageing and intergenerational differences evoke life transitions and we know that the type of changes we experience when growing older may often imply altered involvements with the world, including our dialogue with time. Thus, another way in which phenomenology has expanded my awareness of experience was by helping me to consider our relationship with time. Through the literature and the interviewing process itself I have become more aware of the various complex ways in *which the growing older experience may be meaningful to an individual*. Heidegger's perspective, about the way we relate to time, inspired me to acknowledge and think more deeply about my own take on the role that experience of age difference as well as the respective ages of therapist and client might play in the therapeutic relationship. According to Heidegger, we tend to be so absorbed in our daily routines, we cease to reflect on who we are. For instance, he argues that in the process of confronting the way our life and time are passing, and facing our mortality, we tend to subscribe to social norms, thereby adopting an inauthentic attitude to life that leaves us alienated from our own ageing. This he calls '*falling into they mode*' – i.e. conveniently following public views on these areas, especially on death. I subscribe to this perspective, i.e. that to maintain cultural illusions people tend to convince themselves that growing old and dying does not really change anything.

Overall, these philosophical ideas have become my conceptual 'tools', helping me to place importance on hearing my older participants' voices 'in the right way'; and most importantly to recognise the complexity inherent in researching the phenomena of age and intergenerational differences in terms of the therapeutic and wider socio-cultural and relational contexts. This matter is addressed in more detail in the Discussion section.

3.5 Doing IPA

IPA is considered a qualitative methodology in its own right, conceptually grounded in the theoretical perspectives of: phenomenology, hermeneutics and ideography (Smith et al., 2009). It is believed that the combined use of these aspects allows for a detailed and close study of experience. It also facilitates greater flexibility in the research process, enabling one to approach particular experiences from various conceptual angles and at multiple levels (Morrow, 2007; Smith et al., 2009). It follows that IPA research is inductive and grounded in the data rather than in pre-existing theory (Langdridge, & Hagger-Johnson, 2009).

Larkin & Thompson (2012) refer to phenomenology and hermeneutics as the core IPA components. The *phenomenological* component provides for the processes of identifying and describing participants' views, beliefs and perceptions of reality. Through the second, *interpretative* component of IPA, the researcher aims to put the participants' claims in context; and then to interpret and make sense of their experiences, recognising that personal experience cannot be approached directly (i.e. as a 'pure' phenomenon without consideration for cultural and socio-historical meanings). In addition, the *idiographic* aspect of IPA allows one to explore an individual's experience as a unit of analysis (Eatough, & Smith, 2006; Hefferon & Gil-Rodriguez, 2011). This means taking the 'insider's' perspective from within a particular context, rather than taking an objective stance by applying 'external' theoretical explanations.

A very important aspect of IPA research is intersubjectivity, meaning that the research process is co-created by the intersubjective research encounter of participant and researcher (Larkin & Thompson, 2012). Once subjective experiences are made the focus of an exploration, *the knower* (the researcher) and *the known* (participant's experience) tend to be interdependent, this meaning that in practice researchers are not set to access

the participants' experiences directly from their stories but rather through a process of intersubjective understanding of their experience. While an interpretation is an important component of good quality IPA, Smith (2011) encourages researchers to be continually mindful of the ways in which their own perspective may influence their interpretation of a participant's experience. Smith et al. (2009) use the concept of a *double hermeneutic*, to explain that the researcher's process of making sense of what is being said by the participant is a dual process (Smith et al., 2009 p.35). In addition, Smith et al. (2009) discuss the concept of a *hermeneutic circle*, where attempting to explore a particular phenomenon may involve a cyclical and iterative process of examining the whole (e.g. the whole transcript) within the context of its parts (e.g. line-by-line analysis) and *vice versa*. Such a cyclical engagement in the process of interpretation is and has been recognised as highly important in helping to reveal for instance the pre-conceptions that the researcher may have had about the topic in question. While Smith et al. (2009) discuss the use of 'bracketing' as one way of addressing these issues, they add that attempting to leave aside one's assumptions is not completely possible. Bracketing is, therefore, best considered as more of a 'dialogue' between the participant's experience and the researcher's own pre-conceptions.

All this draws attention to what Moran (2000) has referred to as *hermeneutics of empathy* and *hermeneutics of suspicion*. The term *hermeneutics of empathy* describes the researcher's attempts to view reality through a participant's eyes. *Hermeneutics of suspicion* relates instead to the questioning, analysing and interpreting of what is being said. It is believed that such continual exploration of one's pre-understandings may allow for perceiving phenomena in a more detailed way (Smith et al., 2009). Therefore finding a right balance between hermeneutic practices and reflexive processes is a very important aspect of engagement with a participant's experience (e.g. through use of a reflexive diary). A diary can help in the process of engagement with a participant's world, enabling the researcher to include less explicit aspects of their participants' experience. It can also help

the researcher to pay more attention to the ways his or her position may influence the research process (Willig, 2012a)

3.6 Participants

Central to sampling are the core assumptions of qualitative research in general and the characteristics of IPA in particular. A sample needs to fall within the IPA theoretical framework. As previously discussed, IPA is an idiographic approach, designed to gather rich and first hand experience data in small and homogenous samples. Given that an IPA researcher aims to explore particular aspects of human experience in a particular context, samples are purposive rather than random (Smith et al., 2009). Such a sample provides an opportunity to explore the psychological variability, namely the areas of convergence and divergence among participants.

The ways in which a sample is homogenous can vary according to different factors relevant to a particular study. Since the current research was concerned with exploring older individuals' perspectives on age difference experience in the context of the therapeutic relationship, the age of participants (65 years old or over) had a bearing on selection. It was hoped that as well as being uniform in terms of the participants' age, the current sample was representative of a wide range of interests among older individuals, particularly as this research did not discriminate the recruitment on the grounds of gender, race, social background, sexuality or type of psychological treatment that each might have received. Please see Table 1 below.

Participant (pseudonym)	Age	Gender	Sexuality	Marital Status	Education/ Occupational Status	Therapist's Age (perceived) & Gender	Length of Therapy	Presenting Problem
DENIS	81	Male	Gay	Single	Not known/ Retired	Early 40's Male	6 sessions	Depression
SALLY	71	Female	Hetero- sexual	Divorced	Secondary/ Retired	Early 30's Male	20 sessions	Depression Bereavement
RON	68	Male/ Trans- gender	Hetero- sexual	Single	Secondary/ Retired	Mid 40's Female	12 sessions	Gender Identity Sexual Abuse
MICHAEL	84	Male	Hetero- sexual	Married	Not known/ Not known	Late 30's Female	12 sessions	Debt Depression
CECILIA	75	Female	Bi- sexual	Single	Vocational/ Retired	Early 30's Female	6 sessions	Anxiety Depression
JOHN	75	Male	Hetero- sexual	Married	Degree/ Retired	Mid 30's Male	14 sessions	Cancer Depression
LEN	82	Male	Hetero- sexual	Divorced	Degree/ Retired	Early 30's Female	12 sessions	Depression Memory Loss
HANNAH	83	Female	Hetero- sexual	Widowed	Vocational/ Retired	Early 30's Male	12 sessions	Bereavement Depression Anxiety

Table 1: Participants' Demographic Data

The specific criteria for selection were that the research participants should:

- a) be aged 65 or over,
- b) have received individual or group psychotherapy (at least 6 sessions, any approach) at/after the age of 65; and had therapy with a therapist who was perceived (by the participant) to be at least 20 years younger than the participant,
- c) have completed their therapy at least 6 months prior to participation in the study.

The researcher's intention to incorporate this specific inclusion criterion for this group was based on the requirement of following the ethical guidelines from the University of Roehampton concerning interference in the process of therapy.

- d) declare themselves to be comfortable sharing ideas on their ageing and therapeutic experience.

All participants were recruited from a charity which provides counselling services for people 55 years old or over. However, the researcher chose as a 'cut off' point the age of 65, because, the phenomenon of interest was the age difference and, based on the researcher's own impression gained in her therapeutic practice, clients of around 65 and over seemed to be more aware of life transitions and intergenerational differences than for example clients in their fifties or early sixties. Also, the researcher planned to obtain a fairly homogenous sample by keeping to this age group, for whom the cultural influences would be broadly similar.

The prospective participants were reached through recruitment posters circulated at the charity premises (see Appendix 4 on p.175). Those who responded were initially interviewed by phone to see if they fully fitted the criteria. Next, a date and time for interview was confirmed to each participant in writing (for ethical standards of interviewing the research participants, see Ethics section 3.10 on p.52). The participants were relatively easy to reach and the interviewing process was completed within just one month from the point of initial contact.

3.7 Data collection

Eight semi-structured individual interviews, lasting approximately 50 minutes were conducted at the charity's premises, the setting where all participants had received their therapy in the past. This location seemed to be a comfortably familiar environment for all. At the start of the interview, all participants were asked to complete a short questionnaire concerning demographic and background data (see Appendix 5 on p.176).

The semi-structured approach was used to facilitate in-depth exploration of participants' personal meanings (Kvale, 2007). The interview consisted of approximately twelve questions and was developed on the basis of themes and issues identified in a literature review. The interview protocol was discussed with supervisors and peers and tested in a pilot study before the actual interviews. The questions mainly focused on various aspects of each participant's experiences of age difference in a therapy setting. In particular, the questions referred to how these experiences may have impacted on the quality of the therapeutic relationship and on each one's experience of self (see Table 2 below). The researcher used this schedule as a guide, bearing in mind its flexibility, and maintaining an open attitude towards the sequence of the questions and the manner in which they were asked, thus staying close to the participants' meanings (Smith et al., 2009).

Prior to therapy (a brief history of how and why the participant had sought therapy and what were his/her expectations for therapy)

1. Please could you describe your decision to seek therapy?
2. What did you expect your therapy to be like?
3. About how old did you think your therapist might be?

The quality of therapeutic relationship

4. Could you please tell me about your experience of having therapy with much younger therapist?
5. How would you describe your therapeutic relationship and what you made of it?
6. How do you think your therapeutic relationship developed?
7. In what ways, if any, do you think the age gap might have had an influence your therapy experience?
8. What kind of problems were you hoping to address in therapy?

Experience of self

9. In what ways, if any, do you consider having a therapy in your later years to have influenced how you see yourself at this point of your life?
10. Do you have any other thoughts about how age might have influenced your therapy experience?
11. What do you think therapists would do well to know or learn about working with people of your age?
12. Is there anything else that I have failed to ask you in this interview which is important for me to know?

Table 2: Semi-Structured Interview Schedule

Before proceeding with the actual interview, it seemed natural to open by engaging each participant with a reflection on their personal meanings around their age/ageing. In response, the participants offered interesting accounts which were personal and detailed. This was in line with the idiographic focus of IPA and seemed to be a good way to focus participants on their personal world. While at this stage attention was being paid to *what* was expressed in participants' reflections about their ageing, at the same time the researcher found herself registering *how* the participants expressed themselves, by listening attentively to certain key words or phrases that they used to describe their experiences. Whenever possible, the frames of understanding or narratives which emerged at this initial stage were then followed up in the remainder of the interview. For example, some of the questions were spontaneously adapted to follow up on interesting themes.

3.8 Data analysis

In the process of engaging in data analysis the researcher drew on the heuristic guidelines provided by Smith et al. (2009), who describe the process as being: '*...an iterative process of fluid description and engagement with the transcript*' (p.81). In other words, they refer to the dynamic nature of IPA analysis as requiring the researcher's close involvement with a participant's experience. Bear in mind that IPA research is not just about recording participants' experience, but also requires the researcher to engage in interpretation of participants' accounts. The overall process of analysis can therefore be described as a multi-directional process and open to change.

The eight interviews were transcribed verbatim. In the initial stages of the analysis, the researcher drew on guidelines provided by the literature (Smith et al., 2009) concerning the analytical procedures such as: line-by-line analysis; and identification of the emerging themes; with subsequent development of more interpretative accounts leading to

formulation of super-ordinate themes. As the analysis continued to develop, the researcher remained open and flexible with regard to various different types of conceptual relationships between themes and the way they were clustered together. Importantly, from the start the researcher recognised that the conceptual framework (i.e. thematic dimension) was one way of thinking about and organising the data; and that it was also very important to find ways of handling the emotional aspects of participants' experiences, i.e. emotional dimension (Larkin & Thompson, 2012).

Starting with the first case, the researcher began by reading the transcript several times while listening to the recording of the interview. This was because initially it was important to pay attention to the transcript as a whole. Although this process of being actively engaged with a particular participant's story helped the researcher to become more attuned to that person's meanings overall, it also allowed her to note phrases or parts of the narrative that attracted her attention. At this stage, the researcher found herself overwhelmed by thoughts and observations she made in connection with the transcript. As she continued her immersion with the data the researcher began to carry out line-by-line analysis and to write down in the right hand margin of the transcript exploratory notes about the thoughts, concerns and experiential claims of a participant. Engagement with the participants' material and staying close to the data set at the descriptive level was paralleled by paying close attention to the ways in which the participant spoke about his or her experience (e.g. exploring specific use of language). In turn, the process of detailed analysis led to expansion into more interpretative work, thus allowing for a deeper level of engagement with the quality, meaning and significance of a participant's experience (Willig, 2012b).

After completing line-by-line-analysis in the first transcript, the initial notes were clustered into more meaningful statements – the emergent themes, reflecting a range of broader

meanings in a particular section of the text. All emergent themes were noted down in the left hand margin of the transcript as exemplified in Table 3 below.

The researcher was aware that at this stage, these themes were only provisional and might change during later stages of analysis of this transcript and/or further work across all transcripts (see Appendix 7 on p.225).

Emergent Themes	Line number	Original Transcript	Exploratory Comments
Being listened to important	159	'...she really was listening to me very carefully...'	For Ron quality of being listened to is very important; <i>'being listened to carefully'</i> could be taken to mean that Ron is describing his experience of trust in the therapist's competency in emphatic listening to his delicate material

Table 3: Exploratory Comments – Participant 3 Ron (Example)

Next, the emergent themes were listed in chronological order. The researcher then attempted to identify common links and divergences among themes and also looked at how

to incorporate the divergence within some of the themes using abstraction, polarisation and contextualisation (Smith et al., 2009).

Certain themes were clustered together under titles for super-ordinate themes. Yet it was noticeable that from the start certain emergent themes appeared to have super-ordinate theme status, thus naturally subsuming others. During this re-structuring process the researcher was continually returning to the text to check the emerging themes against the transcript. Following this, the table of themes for this particular transcript was created including super-ordinate themes and sub-themes. All themes were linked to the specific extracts which supported the theme.

Once these stages were completed for one transcript, the researcher moved on to the next. The same process was carried out for all, by starting from scratch and/or using the table/s of themes generated from the previous analysis to guide the analysis of the next case (Smith & Osborn, 2008). However, throughout the process the researcher remained careful about the ways in which insights gained from previous analysis could possibly be impacting on her understanding of the current case. This issue was continually addressed in the process of supervision and during peer review. Eventually, a table was constructed for each participant with themes and sub-themes, and supporting extracts were also compiled. Following the analysis of all the transcripts, areas of convergence and divergence between cases were examined. This involved creating a visual representation of the data charting the researcher's interpretation of the relationships within and among the participants' accounts.

With the support of her supervision and peer review, the researcher was able to take a step back and to see certain themes in a different light to her own interpretation of the process. Eventually the final table was created showing the relationships between super-ordinate themes and sub-themes (see Table 4 on p. 59 and Diagram 1 on p.60).

The theme prevalence and extracts selection was established using guidelines from Smith (2011a) (see Appendix 9 on p.249). This table shows that the extracts were drawn from all of the participants across different themes. The sub-themes needed to be represented by a sufficient number of participants and following Smith's guidelines it was decided to take four participants as a minimum for each sub theme. Throughout the process of the data collection and analysis the researcher kept reflecting on different research stages and related experiences in her reflective journal (see Appendix 10 on p.250, Appendix 11 on p.252 and Appendix 12 on p.254), noting for example how and when an understanding of a theme had changed.

3.9 Ethics

The researcher endeavoured to remain mindful of ethical issues, which were addressed in accordance with the core ethical principles proposed by the British Psychological Society (BPS, Code of Human Research Ethics, 2009), to protect the participants from any emotional harm and distress. Prior ethical approval had been obtained from the Ethical Committee at the University of Roehampton on 2nd December 2013 (ethics application reference PSYC13/102).

Each participant received the Information Sheet for Research Participants (see Appendix 1 on p.167) and the Participant's Consent Form (see Appendix 2 on p.170). A signed and informed consent, including details of the study and information concerning guarantees of confidentiality, anonymity and the right to withdraw from participating in the interview, was obtained from each participant. The researcher ensured that any questions the participants may have had regarding participation were answered fully.

From the outset, the participants were made aware that they were in control of their own degree of disclosure. They did not have to answer all the questions or to continue talking about any issue they found themselves feeling uncomfortable with, but were free to

talk only about experiences they were comfortable with. At any time they could ask for the research process to be put on hold or completely stopped, which gave them the right to withdraw from the research and seemed to put them at ease and give them a sense of control over the situation.

Participants were given contact details of organisations offering professional therapeutic help and support, in case taking part proved disturbing and/or occasionally triggered a level of distress. They were also informed that if they happened to have any questions after the interviews, they would be able to contact the researcher's supervisors (see Appendix 3 on p.172).

Participants were also offered the opportunity to read their own interview transcript and the research report, with the right to change or delete their data within a period of six months from the date of their interview should they wish to. This data withdrawal limit was made clear to the participants before they took part in the research.

Throughout the process of gathering and managing the data, care was taken to preserve the participants' confidentiality and anonymity, by ensuring that their data was not identifiable to other parties. All the digital material was encoded and kept securely in the locked cabinet in the researcher's office. All identifying details of the participants in the hard copies were also coded to preserve anonymity and confidentiality. Hard copies were stored in the locked cabinet in the researcher's office, separately from the digital material. In addition, the researcher sought to ensure that the participants' beliefs, insights, experience and expertise were valued and respected, and that she was taking a sensitive approach to the dynamics of perceived authority or influence over others.

The intended contribution of this study was to increase understanding of the role age difference experience may play in the therapeutic relationship. Therefore the intention was to approach the data analysis and interpretation as objectively as possible. The scientific

standards required of this research were ensured through working in partnership with and under the guidance of the supervisory team; also by participating in specific tutorials, workshops and research events.

3.10 Reflexivity

The qualitative perspective recognises that completely valid research which offers the 'truth' about reality is not possible; and it is believed that all knowledge gained during the research process forms a particular way of understanding the world (Smith, 2011b). Therefore, reflexivity is perhaps the most integral aspect of qualitative research and describes the process of acknowledging how the researcher's understandings are formed and the impact of these understandings on the process and outcome (Finlay, 2011).

Consistent with the qualitative perspective in general is the idea that the researcher *should* become fully aware of the personal perspective from which he or she approaches the research (Willig, 2012a). Such personal reflection may reveal some of the researcher's unacknowledged and taken for granted assumptions about the world and these may impact on his or her position. These assumptions might include: the position from which the researcher views reality; the nature and status of knowledge claims; and the self-perceived role of the researcher in the research process. The following statement of the researcher's position explores the ways in which her personal and professional training experiences have brought about her interest in ageing and in counselling older clients; also her choice of research topic and the process of conceptualising and conducting this study.

I am a 47-year-old white female, of a working class background, and a counselling psychologist in training. There are a number of factors which informed my research work.

These include: my relationship with my ageing parents (both in their seventies); my self-awareness of growing older; my clinical work with older clients and also my training experiences.

In recent years, conversations with my mother have focused on challenges faced by her as my father's primary caregiver, and her reflections about past, present and future, as well as her growing awareness of her transience. Her life as an older woman is complex involving her role as carer and financial concerns. I have noticed: a changed sense of the passage of time; and a sense of loss and mourning for her husband's and her own physical losses. Yet she seems to maintain an attitude of affirmation towards later life's challenges and her own ageing process. Witnessing how both my parents approach later life encouraged me to consider the experiences of older people in general, namely their unique concerns, their priorities and their ways of being.

As I age myself, I seem to be aware of different ages inside myself, namely the ages I have lived through. In my twenties and my thirties I believed that I could achieve anything I wanted. Over the last ten years or so I have come to realise that life is hard. My deepening understanding of my limitations (emotional, intellectual and physical) has led me to consider myself in a more integrated way. This wider and clearer perspective coupled with my deeper self awareness of my different internal ages also sparked my interest in the role of age and intergenerational differences in the therapeutic context.

Over the last decade I have been investing a great deal of energy in developing the foundations that I have laid, not only in my personal and but also in my professional life. This last allowed me to gain a more profound understanding of the reality of human existence. It also encouraged me to have a more open engagement with life including the cyclical and contextual nature of personal and socio-cultural issues.

My experience of working for a number of years with a charity that provides support and counselling services for older adults has had a strong impact on my research. Being faced by older clients' conscious and/or unconscious fears of decline and/or death has often led me to experience intense feelings of sadness and brought with it a painful awareness of my own mortality. I came to realise that the containment of these difficult emotions and truths concerning ageing, sicknesses and death, and helping older clients to accept 'things as they are', can be a very challenging task especially for younger therapists, whose developmental needs may be very different from those of their older clients. Associated with these themes was a sense of being lost and not knowing how to use these feelings in a session with an older client, this perhaps being paralleled by a certain sense of guilt that I would not be able to carry on supporting this person for ever.

Over time, I came to realise, that a fair number of those aspects which hindered my work with older clients, seemed to arise primarily out of my difficulty in acknowledging my clients' and/or my own responses to this difficult material. Thus, the process of reflecting on these difficulties in clinical supervision or/and personal therapy, and my engagement in the relevant literature, helped me learn from the experience of loss and vulnerability. In time, I learnt that when we begin to sense the fragility of our existence perhaps we can also sense its significance. In a therapeutic context this is important thinking which may offer a client (and therapist) a sense of courage and/or 'clarity' to go along difficult, perhaps often uncertain, paths.

I believe that I have used to my advantage what I learned in my professional training, where data collection and analysis were concerned. For example during the interpretative stage of the analysis I was focusing not just on the description of the content of what the participant said but I was also paying attention to the participants' specific use of language. As noted by Willig (2012a) certain issues such as loss, or fear of death, might be not expressed directly but rather in a symbolic way. In fact, the analysis of the transcripts

showed that some participants used that style of communication including expressing themselves in metaphors.

Throughout the research process I have attempted to stay aware of and reflect upon the ways in which my own assumptions, my theoretical stance and my investment in the research influenced my interpretations of the participants' experiences. The task required me to tolerate a certain level of ambiguity as the analytic work continued. In line with Willig's (2012b) argument I found myself engaged in: *"...a cyclical process which requires the interpreter to move continuously through the position of knowing and not-knowing..."* (p.36).

Smith et al. (2009) note the intersubjective nature of phenomenological interpretation. This means that the collection as well as the interpretation of data is influenced by the meanings of both the participant and the researcher. This also means that some of the researcher's assumptions may only emerge during the actual process of engaging with the text. As my research work continued, being also influenced by on-going discussion with the research supervisors and the peer group, I came to recognise these processes.

In addition, I was aware that there was no end point to the analysis; in other words a point at which a full understanding of a phenomenon could be said to have been achieved. I understand that meaning will continue to emerge as the reader engages with the text of the research report.

CHAPTER 4. ANALYSIS

4.1 Overview

Interpretative phenomenological analysis (IPA) of the eight interviews resulted in the identification of two super-ordinate themes with three sub-themes for each analytic area. The super-ordinate themes are as follows:

Temporality & Ageing

Therapeutic Relational World

The first and central super-ordinate theme, *Temporality & Ageing*, illustrates how the therapeutic experiences tend to be influenced by meanings the participants derive from their sense of temporality and ageing; including how they experienced age and intergenerational difference within the context of their respective therapeutic relationships. The second super-ordinate theme, *Therapeutic Relational World* explores *what* the participants identify as relevant to their therapeutic relationship as well as *how* the participants find their meanings as their particular therapeutic relationship unfolds over the time.

Because of the retrospective nature of the research interviews, some of these themes reflect a mixture of the participants' outlooks from before starting therapy together with those formed as the result of their experiences in relation with their younger therapists, and the way they described these things in their interview.

An exploration of these super-ordinate themes with their constituent sub-themes (see

Table 4 on p. 59 and Diagram 1 on p.60) forms the basis of this section of the thesis.

Super-Ordinate Themes	Sub-Themes
<p><i>Temporality & Ageing</i></p> <p><i>Q1: How do participants live with their sense of ageing?</i></p> <p><i>Q2: How do participants bring their experience of temporality and ageing to the therapeutic relationship?</i></p> <p><i>Q3: How do participants experience time?</i></p> <p><i>Q4: How do participants experience loss?</i></p> <p><i>Q5: How do participants experience existential limits and ultimate concerns?</i></p> <p><i>Q6: How do participants experience age difference?</i></p>	<ol style="list-style-type: none"> 1. Time perspectives: an awareness of time 2. Facing multiple losses 3. Relevance of age difference in the therapeutic relationship
<p><i>Therapeutic Relational World</i></p> <p><i>Q1: How do participants' experiences of therapeutic relationship unfold and how are they played out?</i></p> <p><i>Q2: What do they value and/or what do they struggle with in therapy?</i></p> <p><i>Q3: What do they gain from therapy?</i></p> <p><i>Q4: How may therapy inform their future outlook?</i></p>	<ol style="list-style-type: none"> 1. Quality of relating 2. Therapy as emotional release 3. Transcending/expanding of the self

Table 4: Super-Ordinate Themes and Sub-Themes

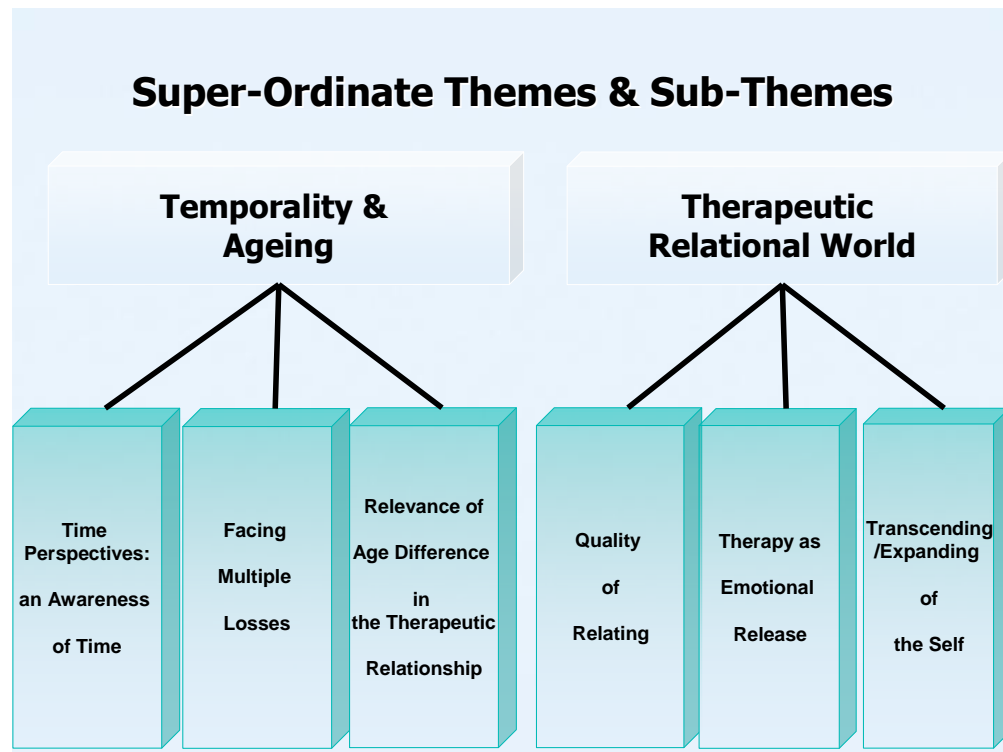


Diagram 1: Overview of Super-Ordinate Themes and Sub-Themes

The material derived from the participants' accounts is rich and complex in its scope. The analyses presented offer just one interpretation of these older clients' experience of age difference and it is recognised that different researchers might pay attention to different aspects of the participants' experience (Smith et al., 2009). The actual number of themes was much higher than the ones included in the final analysis, and the ones which are presented here focus on the material which is considered most relevant to the research question.

It is important to note that throughout the process of the analysis, care was taken to ensure that the themes identified cover the most relevant aspects of age related

experiences. It was expected from the start, that a rich variation in themes was likely to transpire because the interview was designed and implemented in such a way as to make it possible to delve deeper into the ways in which ageing and age difference experiences had come into play within the context of the therapeutic relationship. For instance, aspects pertaining to emotional release, which seemed to be prominent in the participants' accounts, were initially considered as forming a super-ordinate theme. However, after careful consideration, it was decided that the conceptual relationship between emotional release and age-related aspects of participants' therapeutic experiences was not strong enough to deserve the status of a separate super-ordinate theme. Therefore these experiences were eventually gathered under the sub-theme: Therapy as Emotional Release; that being a part of the super-ordinate theme: Therapeutic Relational World.

The sections which follow present a close analysis of the participants' narratives from which each super-ordinate theme and its constituent sub-themes originate. Each of the sub-themes is illustrated by examples using excerpts from the interviews with the participants.

4.2 Super-ordinate Theme 1: Temporality & Ageing

This central super-ordinate theme concerns the aspects of the participants' therapeutic experiences which specifically relate to: the participants' relationship to time; and to the role that their sense of ageing and intergenerational difference plays in the therapeutic relationship. It consists of three sub-themes (see Figure 1, p.63).

Some experiences of therapy relating to these processes were clearly expressed. However, more often than not the ways in which ageing and intergenerational differences entered into therapy emerged from more subtle accounts of their therapeutic experiences.

Overall this first super-ordinate theme delves into the ways in which these time and age-related processes tended to be experienced within the context of the therapeutic relationship naturally also embracing the impacts of their relationship with their younger therapists. While the focus of this research is on the experience of age difference within the context of the therapeutic relationship, some more general reflections from the participants, concerned with their experience of being their age, are also present, because these reflections also arise from their therapeutic experience.

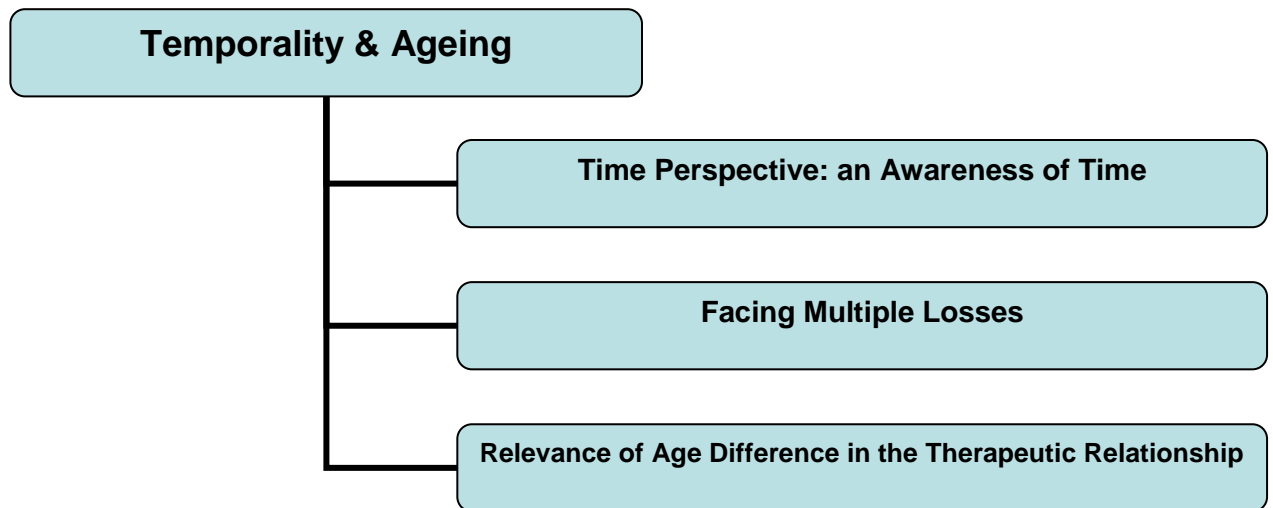


Figure 1: Super-Ordinate Theme 1 with its Sub-Themes

4.2.1 Sub-Theme: Time Perspectives – an Awareness of Time

This sub-theme draws on the therapeutic experiences deriving from the participants' subjective experience of time. In delving deeper into the accounts it became noticeable how these time related processes tended to enter into the participants' therapeutic experiences through their awareness of the past having an effect on their experience in the present context of their therapeutic relationship. The participants' accounts describe how they came to explore and/or share with the therapists their relationship with time and existential limits. While this sub-theme also demonstrates the ways in which these time-related aspects of therapy become a part of therapeutic experiences of age and intergenerational difference, this area is further explored later on under the separate sub-theme: Relevance of age difference in the therapeutic relationship.

One way in which an awareness of time tends to manifest itself in most of the participants' experiences is the length of time that a participant might have lived with an issue that he or she brought to therapy. Denis' narrative below relates carrying feelings of self-denigration throughout his life:

'The point is I've never liked myself, you know what I mean. It's not out of vanity, I've never liked myself or what I look like or things like that, a bit of a complex about myself. I've er gone to do things and I haven't done em because um I've seen myself in the mirror. I went to a place once to do a thing, a show and I saw myself in a full length mirror and I looked like that and I just went out the back door. And they were looking for me like where's he gone? And er, you know. Perhaps it's hard to help someone like me because if you don't like yourself, you know (Pause).'

Denis 293-302

Denis' repeated focus on self criticism suggests deep-seated issues with low self-worth, and an experiencing of a painful dissonance between how he perceives himself in reality and his ideal image. What comes across in his narrative is a strong sense of resignation, all the more in that having an emotional '*complex*' about himself appears to be experienced as powerful enough to put doubt into Denis' mind whether any amount of therapy can actually help him to progress psychologically. On the other hand there is a feeling that Denis may be reluctant to seek help as he appears to need to rationalise his situation by suggesting that '*someone like*' him can't benefit from therapy in an uncomplicated way. It might be that Denis finds it difficult to own these feelings he has about himself. In other words, he would rather escape through '*the back door*' like he did when he glimpsed his image in the mirror, rather than allowing himself to be helped. This in turn might be affecting his subjective experience of being an older man who is coming into the last stage in life feeling unworthy and unable to integrate the painful and excluded

aspects of his self experience, the aspects which in turn might be affecting his subjective sense of self-satisfaction and future outlook.

For Sally, therapy became a way not only to address the problems of childhood mistreatment that had never been resolved but also to re-discover her self worth. Below, Sally describes the therapeutic situation where she was able to share unresolved childhood issues with her therapist:

'And we talked about my childhood, about my parents um because I had a lot of issues about my childhood, not so much with my parents but with my father's family, my father's sister to be precise who I'm named after which doesn't go down very well with me because I didn't like her. And I'm able to talk about and you think she's had a hold over me for such a long time you know the way she treated me and everything and I thought phhh ...doesn't matter, I'm my own person and he...he made me... you know through talking about it, he made me be able to see that it didn't matter what she thought, it was what I thought.'

Sally 271-281

Sally begins her account with *'we talked'* which has the feel of a shared experience and *'talk'* sounds less informal than saying *'we spoke'*. The above account therefore lends itself to the interpretation that for Sally therapy has become a space enabling her to experience the release and exploration of her longstanding difficulties. Although Sally describes her predicament as to do with her aunt who continued to have *'a hold'* over her and her emotions for a long time after Sally was a child, this *'hold'* could be interpreted as Sally having to suppress her anger and resentment for *'a long time'* in order to protect herself from emotional pain. Once Sally had been able explore her difficult emotions, she

was able to move away from negative attitudes. On the one hand, Sally's self-description of being her '*own person*' evokes an image of her both gaining a sense of her personal mastery, and becoming open to the content of her experience, i.e. the mental and emotional processes that surround it. It seems as if one of the therapeutic consequences of such processes is that living up to others' expectations is no longer experienced as a '*matter*' for Sally. In other words Sally's account emphasises that, through therapy, not only has she gained some valuable insights about herself but she has also learnt a way of appreciating her own values and feelings. On the other hand, Sally's account conveys a sense of surprise, even bewilderment. She sounds as if she is surprised she kept her difficulties to herself for such a long time. In this sense, it reflects the past negative societal attitude to seeking help for psychological type issues. After all, in Sally's day it was generally not thought safe to talk openly about emotional difficulties and there was a pressure to conform to an attitude of 'keeping a stiff upper lip'. Therefore, it could be said that part of Sally's therapeutic experience is a sense of being in two places at once: past and present. In other words, she is experiencing herself as dealing with something which happened a long time ago and is having an effect in today's context of different, more positive attitudes towards psychological therapy.

An important point to note is that Sally repeats '*he (therapist) made me*' twice, as if to express a sense of challenge she might have experienced when delving deeper into her emotions, where the therapist is being seen as someone actively contributing to this sense of the therapeutic situation as challenging and yet, at the same time, transforming Sally's capacity to become more reflective and more receptive of herself.

Similarly to Sally, Hannah speaks in a way that suggests her awareness of coming from a different era culturally has been an important aspect of how she experienced herself in her therapeutic relationship with the younger therapist. Hannah describes how her early

history and an exposure to certain cultural practices might have influenced her personal ways of containing difficult emotions:

'For someone of my age, I mean when I grew up with...I remember my parents especially during the war would always say let's put the kettle on and everybody felt better when you put the kettle on, but that's very very English you know. Have a cup....The thought of having a cup of tea for me, if I'm in a state at home, oh I'll just have a cup of tea, and I will make a cup of tea and I might not even enjoy it. As I say... but, but it's psychologically er helps and maybe that's what it was. I don't know.'

Hannah 524-531

In the first sentence, the phrase *'for someone of my age'* conveys a strong sense of affirmation of/subscription to generational values. Hannah reflects on the effect that her upbringing during the war time had on her coping strategies. She describes these times as built around certain cultural practices in relation to help-seeking and coping behaviours, where psychological distress was kept rather private and dealt with strictly within families. From Hannah's account it could be seen that the thought of having or/and making a cup of tea brings up a sense of connection with her family as well as feelings of confidence and reliance upon the traditional ways in which she learnt to cope with distress and the sense that this sort of coping behaviour will always work. She also says of herself that when in distress: *'I (she) will make a cup of tea and I (she) might not even enjoy it'* as if she was trying to convince herself that these familiar ways of coping would help. On the one hand resorting to a literal or/and metaphorical *'cup of tea'* suggests that Hannah seems to believe something as ordinary as making a cup of tea might help her to bear psychological pain over which she has little or no control. On the other hand, however, Hannah experiences herself as being uncertain whether she can be helped in her distress by the mere *'thought of having a cup of tea'*. One possibility is that such a temporary relief might in effect

function as a way of suppressing her emotions rather than engaging with their meanings, all this supplemented by the feeling that she can contain all her pain by a one-off '*cup of tea*' event.

All participants had had a brief type of therapy ranging from six to twenty sessions. Their disappointment with the number of sessions allocated also constitutes an area of 'time awareness'. Some participants expressed their regret over not having enough time available to explore and deal with their life-long difficulties.

Cecilia describes feeling disappointed with the limited time scale of her therapy. She shares her experience of time constraints and alludes to feeling an added pressure to move on:

'I don't think I spoke much about my own personal history cos

there wasn't time for that or my family, which is obviously very crucial.'

Cecilia 424-426

Cecilia describes that, within the amount of time available, she was not able to speak about relevant aspects of her '*personal history*'. Another reading of this could be that the length of therapy simply did not allow enough time to deal with her predicament. Cecilia's account emphasises the importance of focusing on her personal history and family issues. This suggests that Cecilia felt the importance of building up a feeling of trust towards her therapist, trust she perhaps expected to develop over a longer period of time, thus hinting that her ability to experience herself comfortably unfolding emotionally was compromised by not having enough time.

In addition to the more immediate impact of the therapeutic time frame on the material explored or left unspoken in the sessions, time limitations influenced the way some

participants thought about their difficulties. Hannah speaks about the disparity between the extent of the guilt she has been carrying since her childhood and the amount of the time she felt was needed to address her issues:

'This is something I have carried through from my childhood. Feeling guilty. So, er, it's all very complicated. There's a lot of things still to be sorted out but they need a long, long time, more than can be done I think. Right, where are we at now? You said an hour didn't you?'

Hannah 456-460

Hannah's account is very profound and raises speculation as to what such longstanding difficulties must feel like. The way Hannah is speaking about her *'feeling guilty'* suggests that how she experiences herself at her age brings the realisation of being less able, with the amount of time left to her, to deal with challenges and doubts of achieving a psychological change at a fundamental level. She also seems to express a sense of resignation and regret regarding being too late for her complex issues *'to be sorted out'*; and maybe that *'more'* could have been done if she had asked for help earlier. This regret can be further glimpsed from her question *'where are we at now?'* which seems to take on a new vibrancy as if she is checking with me, her researcher, that something important has not been left undone/overlooked in our interview.

In summary, this sub-theme highlights the participants' relationship to time which manifested itself in the therapeutic relationship in many various ways including: a sense that issues that the participants brought to their therapy had often been present in their lives for a long time; an awareness of coming from a different time and place culturally; and/or the significance of the length of therapy available.

In some way, all the participants tended to share an awareness that time had had an impact on their experience of therapy, with time being experienced in a more subjective way than what we usually refer to as chronological time and with the past having an effect in the present therapeutic context.

4.2.2 Sub-theme: Facing Multiple Losses

This sub-theme is concerned with an experience of therapy as an opportunity for an older person to experience the limitations of human existence including loss, decline and death. For most of the participants multiple losses were more often than not part of the situation which they brought to therapy. Sometimes it was loss in terms of health or/and their contemporaries beginning to die. For others the nature of the loss was wider. According to most of the participants, the process of re-experiencing loss within the therapeutic relationship, involves an increased awareness of ultimate concerns and a sense of mourning, deriving from facing up to rather than denying the experience of loss; and this particular aspect seems to be integral to their therapeutic process.

John, who sought therapy to deal emotionally with his experience of cancer, describes the unfolding of a mourning process:

'Well, I..I...it's a bit complicated because erm, about 4 years ago I got diagnosed with cancer and up until that time, I've just I was growing older and I hadn't really I hadn't really thought about mortality at all. Err, so the whole thing was a great shock to me. So from now on, from then rather, growing old is not a normal pattern really. It was so hard...very, very hard, shock, then I went through a couple of operations, erm...but I'm glad to say now I've just heard that I am clear. So that has changed my attitude towards, towards growing older really, because I could have died err...and I had to

come to terms with that and I suddenly realised well you know this could....there is the end and the end was sooner than I expected it to be, although it wasn't thank God, so far.'

John 5-16

John begins his narrative with a hesitant repetition of '*I*' and it feels as if he is struggling to reveal his painful feelings. Importantly, when describing his predicament, John seems to be preoccupied with issues of '*mortality*' and '*shock*' which appear to be powerful aspects of his bereavement reactions to illness and disability; and as he explains in his later narrative: '*... it was a shock for 2 or 3 years and that's why I came to therapy*'(67). It appears that an experience of a brush with death and a loss of his former able-bodied self, had a considerable impact on John's experience of his own age and ageing, to the point of changing his own attitude towards becoming older. When he says: '*from now on, from then rather, growing old is not a normal pattern*' he seems to show his conviction that the idea of subscribing to his own subjective truth about growing older does not apply any more. In other words, what seems to be apparent in John's narrative is that his past perspective of what it is to be an older man seems to have lost its significance in the face of a growing awareness of death as being a boundary to his existence. Furthermore, the subjectively perceived proximity to death seems to be experienced by John as a far more important organiser of his subjective sense of time than is his chronological sense of time.

In some cases, however, the nature of the participants' loss was wider than loss through disease or death. There was a loss of purpose, loss of a previous role due to retirement, loss of the active person they used to be and loss of contact with other people. Ron's account relates a loss of the opportunity to be one's own person. Looking back at his therapeutic experience, he relates it as a mutual process of making sense of something that

happened in the past, but which is having an effect in the present context. He describes sharing feelings of regret over the impact of socio-cultural discrimination that forced him to hide and eventually to give up his subjective feminine self:

'[therapist's name] was aware that having lost this (being Rachel) was a sadness in my life and erm she...she never put it so bluntly, but I think her first impulse was to think, well if you enjoyed it so much, why did you give it up. And of course the answer to that was is it stopped being enjoyable. It became too difficult and the result was no longer satisfying.'

Ron 461-466

It seems that, according to his account, Ron experiences his therapist as an emotional participant who is not only 'aware' of Ron's loss and sad feelings but also appears to be in dialogue with his life experiences surrounding giving up the feminine aspect of his subjectivity. Ron offers his 'answer', where he alludes to the cultural and societal gender-related constraints forced upon him as being the reason for giving up his feminine part. He further explains that 'coming out' as a woman 'stopped being enjoyable', and 'too difficult' to continue. These phrases seem to carry the impacts of the traditional socio-cultural gender related norms which do appear to affect men like Ron. At the same we get the sense that Ron, similarly to John, seems to be expressing his growing awareness of the time boundaries. As he explains in the earlier part of his narrative (541), for most of his life Ron only fantasised about his transition and he never went out as a female until his late fifties; and the physical changes that come with ageing eventually set him apart from the idea of pursuing his true identity. In other words his aged feminine appearance was no longer matching Ron's personal expectations of what it means to be a

female, and the ageing process had caused *'the result'* associated with the feminine being experienced as *'no longer satisfying'*.

In summary, for some participants therapy became a way of finding an acceptance of the physical loss that comes with ageing, illness or/and disability. For others, therapeutic containment enabled an emergence of a more profound understanding of the reality of human existence with finding new meanings in living closer to what is important to them. Either way, all participants seemed to find that an increased awareness of loss led to a greater focus on their subjectively perceived sense of their temporality and ageing; this in turn adding to their experience of the 'older' aspect of their selves.

4.2.3 Sub-theme: Relevance of Age Difference in the Therapeutic Relationship

When the participants were asked about what their experience of age difference was like, for all participants, with the exception of Hannah, the age gap was not overtly expressed as being an important factor in their therapeutic relationship. In fact, it was striking how most participants were not very articulate when trying to describe their age difference experience. From their accounts it was nevertheless apparent that age difference experience *did* play a part in the way each participant experienced their therapeutic relationship. For instance, when talking about it, most participants stated (briefly) that age difference was irrelevant and instead seemed to pay more attention to certain other aspects of their therapeutic relationship. This seemed to happen just before or soon after their reflections on age difference experience. The parallels here among the participants are so striking that it seems reasonable to interpret these, and other similar instances across the accounts (i.e. where the question about age difference 'diverted' the participants' attention to the relational aspects of their experience), as symbolising the

implicit relational meanings of age difference which emerged within the particular and unique intersubjective context of their therapeutic relationship (explored further in Chapter 5). Viewed in this way, within the context of their therapeutic relationship, the meaning of age difference experience as being a fixed category (i.e. as it generally tends to be described in a chronological sense) appears to be less significant, but instead age difference seems to be invoked in various different ways as a part of the participants' relational experience. The following narratives delve deeper and explore these meanings that the participants attach to their experiences of their therapeutic relationship with a younger therapist.

For Ron and Denis, for instance, certain therapist's characteristics such as gender and/or sexuality appear to be important aspects of feeling emotionally contained. When talking about his therapeutic experience Ron said that he preferred to engage with a female therapist because he felt he was able to speak his mind more comfortably and the age of the therapist did not matter to him:

'I must admit, because of my feminine side, I probably erm...unconsciously feel more relaxed talking about really er...personal problems with a woman rather than a man and erm the age of that woman is irrelevant.'

Ron 365-368

At a first reading of this passage, Ron sounds as if he is making a general statement. However, further analysis suggests he could be indicating his experience of making an intimate emotional connection with his female therapist through the 'feminine side' of himself. He describes feeling more relaxed talking with 'a woman' about his issues. Ron's use of the word 'woman' has a very personal feel and may reflect Ron's perceptions of women in general as being sensitive to others' needs. That is, Ron's therapist may have been experienced by him in the role of a listener who is perhaps 'expected' to attend to

Ron's difficulties in a caring way. Alternatively, given that Ron's subjective experience of his gender identity has been fundamentally undermined because he struggled with 'coming out' till reaching his late 50's (541) — and then had to give it up because of ageing — it might be that the therapist's gender is 'used' as a means of working through these issues; and also counteracting a life-time of discrimination which may have affected his ability to share and express his feelings in an uninhibited way. Thus it seems likely that having an opportunity to talk intimately about his feminine side in the presence of a female therapist offered Ron some means of experiencing the desirable feminine gender he always felt he belonged to, as well as providing a relief from his distress. While Ron in his account declares age difference as irrelevant, just before stating this he chooses to reflect on his emotional connection with the therapist's femininity, as if the question about age difference diverted his attention to the relational aspects of his experience. There is a sense, therefore, that the emotional connection to his therapist's gender elicits more scrutiny by Ron. One reading of this could be that for Ron the meaning of age difference seems to reveal itself through Ron's relational encounter with his therapist's femininity. Part of this experience might be that Ron is trying to deflect from something which he perhaps found intolerable in the age difference question. Therefore he 'chooses' to bring his relational experiences into the foreground; the experiences which helped him to deal with his feminine side issues.

Similarly to Ron, Denis did not feel any disparity of age between him and his therapist (196), and the meaning of age difference appears to enter his therapeutic encounter through Denis' relational connection with his therapist. However, in his case, not only the gender but also the sexuality of his therapist appears to be experienced by Denis as a significant aspect of his therapeutic relationship. This seems to be greatly due to the fact that Denis at 81 years old finds himself lost in terms of his sexual orientation. In the narrative below he relates how his experience of being in the presence of a gay therapist enabled him to face this longstanding ambivalence:

D: 'And we discussed different things, like if you're gay or anything else, I discussed that with him and things like that and so. And he was a gay man by the way but I don't suppose it makes any difference telling you that. But er, we were talking about different things and he says to me, er you know. Well, I say it's always been hard for me to understand my own sexuality you know sort of thing, I've never been able to... you know whether I'm properly gay or something or bisexual or whatever it is. We discussed that and that helped a lot. Maybe that's on my mind, maybe that's why I get depressed.'

I: 'And you felt understood?'

D: 'Yeah yeah, well he's a gay man so if you're talking about things like that he can understand the feelings of other people, you know.'

Denis 213-227

Denis' account describes the importance of experiencing himself as being able to delve deeper and explore his ambivalent sexual meanings through the relational encounter with his gay therapist. '*We discussed*' in his first sentence sounds formal and has the feel of a shared process where Denis' issues are attended to seriously and in depth. Being in the presence of this particular therapist who is a '*gay man*' appears to be a very important aspect of Denis' therapeutic experience, namely feeling emotionally contained and being able to comfortably reveal his complex issues. On the other hand, the experience of revealing his intimate world *during the interview with me, the researcher*, seems to give rise to certain emotional dilemmas. For instance, as a result of telling me about the ambivalent aspects of his self, Denis seems to realise that he is making himself emotionally vulnerable and exposed; at the point of referring to me, when he says: '*but I don't suppose it makes any difference telling you that*', he sounds as if he would like me to understand that this

particular therapeutic relationship made a lot of difference to him, this perhaps being his attempt to prevent me from formulating any premature conclusions about his predicament. In addition, Denis uses the impersonal '*you're*' and '*you know*' and '*sort of thing*' when describing his experience, which suggests that he wants to keep at a safe distance as he might not be comfortable talking about himself to me as a female researcher.

As mentioned in the earlier part of his interview (196), for Denis, age difference as such does not matter in itself. What seems to matter for him is being able to raise his sexual dilemmas which he has never been able to resolve; and experience them in the presence of his therapist. This is further evidenced here by Denis twice referring to his therapist as a '*a gay man*', instead of simply as his therapist or by his name. In the last part, however, '*a gay man*' gains more definition when Denis says that he (the therapist) '*can understand the feelings of other people*'. On the one hand it could be seen here that experiencing both the sexuality and the masculinity of his therapist appears to play a significant role for Denis in his particular therapeutic situation. On the other hand, by referring to '*the feelings of other people*', Denis sounds as if he is talking on behalf of others who feel as lost and ambivalent as he himself does.

Some participants who had difficulties in accessing their complex emotional and mental states (e.g. those who struggled with withdrawing from or/and suppressing their feelings), seemed to attach a particular importance to the quality of emotional containment found in the therapeutic relationship. Again, while in most of these accounts age difference is declared to be irrelevant, areas such as the therapist's genuine acceptance and non-judgemental attitude appear central to the participants' experiencing themselves as feeling emotionally contained. The therapist's trust in the ability of the client to grow psychologically also seems to be an integral part of this process, adding to the participants' sense of personal empowerment at the stage of life they are at.

In her account below, Sally relates her therapeutic experience as an egalitarian enterprise with her younger therapist, allowing her thoughts to unfold in a way that was not determined by intrusive questioning or any predetermined agenda:

'I didn't think about his age and he never made me feel about my age and I think that ... because when we were talking we were talking on a par. There was no difference, I was talking to his level and he was talking to mine. There was nothing that...oh well you're older so you should know, there was none of that feeling at all. It was um...we were on a level playing. And that was a lovely feeling, absolutely lovely feeling to feel that, yeah.

Sally 622-628

In the first instance, what is apparent from Sally's account is that she experiences her therapy as a collaborative relationship in which both she and her therapist are working together on equal grounds. Sally uses 'we' three times in her narrative above, as if to convey a feeling of togetherness, with the mutual obligations between her and the therapist. Furthermore, by using the phrase *'talking on a par'* Sally seems to relate a sense of equality, honesty and being able to experience herself as real in the presence of her therapist, more so since there is *'no difference'*, between her and his *'level'*. Similarly to Ron, soon after describing age difference as irrelevant, Sally chooses to reflect on a certain aspect of her therapeutic relationship. *'No difference'* in this instance seems to reflect Sally's experience of her therapist's caring attitudes which, according to Sally, appear totally unaffected by differences she might be attributing not just to chronological age but also to difference in background, or other intellectual moral or/and social criteria. Furthermore, Sally's use of the word *'level'* is interesting in itself and could be taken to refer to an ability. That is, for Sally, an experience of being on equal grounds with her therapist might have *enabled* her to realise the importance of trusting her own personal resources

(i.e. what feels right for her), instead of complying with others' expectations, this including socio-cultural expectations of age-related roles.

When Sally says *'there was nothing that...oh well you're older so you should know'*, it suggests her general awareness of coming from a different era culturally and the impact of social conditioning in relation to her attitudes towards seeking help and coping behaviours. It is important to note, however, that while Sally values her therapist's non-judgemental, caring attitudes and relates to the age gap as an irrelevant aspect of her therapeutic relationship, in some way both these aspects seem to contribute to Sally's experience. It can be assumed, that relative age as well as her therapist's attitudes might be factors in her experience of feeling emotionally contained. The account which follows may validate this point. Below, Sally expresses her own ideas about the role of the therapist's age in her experience and makes a distinction between working with a younger as opposed to an older therapist:

'He (therapist) was a person that I was able to...yeah and er not in any of our sessions did the age thing raised it's ugly head. Saying that I think if he had been an older person I don't think I would have opened up to him so much. '

Sally 586-589

In her first sentence, Sally refers to her younger therapist as *'a person'*, which has a feel of referring to another human being rather than a professional. Her use of the word *'person'* could also reflect a therapist who respects Sally as an individual and offers her a genuine, emotional involvement without the pretence of being an impersonal expert. However, by setting a contrast between her younger therapist with his personal approach and *'an older person'* she also seems to allude to age difference as a determinant to opening herself emotionally. This lends itself to an idea that Sally would rather work with a

younger therapist, i.e. someone who represents in Sally's mind non-judgmental, caring experience, as opposed to an older therapist closer to her age who might judge Sally on account of her age and consequently restrict her self expression. This attitude is also expressed in the earlier part of her interview (196-197). It seems likely that these age-related perceptions may be grounded in Sally's different expectations surrounding older age and help-seeking behaviours.

Unlike all other participants, Hannah makes explicit links between age difference and her experience of the quality of her therapeutic interaction. In particular, Hannah identifies her therapist's young age, plus his weak command of the English language, as the main factors hindering her therapeutic interaction (156-158). The fact that her therapist's mother tongue was not English was a real issue for her, and she felt that the therapist would often struggle with her using habits of speech and behaviour arising from her own (English) background. She felt she could say things to a previous older therapist, who was in his fifties and English, but did not have the same confidence when working with her latest, younger therapist with a non-English background. In the narrative below, Hannah compares and contrasts what she experienced with each of these therapists:

'The one I had before, I said things to him that I have not said to anybody else. And I felt that sort of... that special kind of erm relationship that you can have with a counsellor or therapist. With (an older therapist's name) I, I relaxed and I could say quite a lot. But with (a younger therapist's name) I, I wouldn't say too much because I didn't...I had a feeling that maybe he wouldn't understand. It's difficult to say something to a younger person, especially to a younger man, I would say that.'

Hannah 481-487

Importantly, in the narrative above, Hannah relates being more *'relaxed'* opening herself in the presence of an older therapist than she has done with *'anybody else'*, more so since she felt a *'special kind of erm relationship'* with him. This suggests that while Hannah may believe in the importance of a positive personal attachment between client and therapist, based on trust, there is also a sense that age and the therapist's cultural background are important aspects of her therapeutic relating. This is further evidenced by the fact that she does not view her younger therapist as someone she can comfortably talk to about her intimate issues. Her difficulty in talking to *'a younger person, especially to a younger man'* has an undisclosed feeling surrounding certain factors, in particular the therapist's age and maturity, which perhaps in Hannah's experience became equated with the existence of an affective therapeutic bond. In other words, it seems as if for Hannah all these factors including a therapist's age, maturity and the cultural background are highly correlated and together representative of the therapeutic experience, that is, an experiencing of her therapist as caring and understanding.

In summary, while for most participants age difference is not experienced overtly as an issue, i.e. is not available immediately for self reflection, what these accounts have in common is that the age gap as a factor appears to enter the participants' therapeutic experience in a very interesting way, that is not necessarily felt as an age difference, but reveals itself in how each therapeutic relationship unfolds. In other words, the age gap does seem to be a part of the therapeutic relating and reveals itself through the manner in which each respective participant relates to his or her therapist and how the therapist relates to this particular client.

4.3 Super-Ordinate Theme 2: Therapeutic Relational World

This super-ordinate theme with its three sub-themes (please see Figure 2 below), captures the relational aspects of therapeutic involvement between the participants and their therapists. It takes into account the unique and subjective worlds that each participant brings with him or her to the therapeutic relationship; plus their relational experiences, interpersonal responses and feelings towards their therapist. In other words, it deals with the dynamic, emergent qualities of the participants' therapeutic experiences (including helpful and/or less helpful aspects) as part of their therapeutic interactions with their younger therapists within the context of the therapeutic relational world, unique for the particular therapeutic pair.

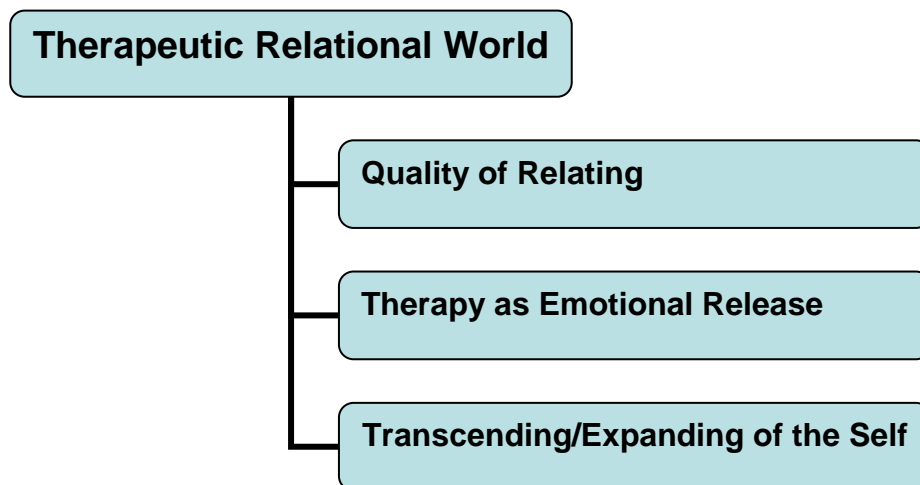


Figure 2: Super-Ordinate Theme 2 with its Sub-Themes

This super-ordinate theme encapsulates the relatedness in its success and/or struggle. That is, the participants describe the various different ways in which they experienced the therapeutic relationship, including how each participant saw him or herself

as similar to and/or different from his or her therapist. What shines through these older men's and women's accounts is the importance they all attach to the quality and the strength of the therapeutic relating. This is particularly evident in cases where the establishment of a therapeutic relationship took longer and/or was hindered by various factors, including some or all of the following: some participants' apprehension before therapy; their undisclosed feelings surrounding a therapist's competency; and, in some cases, certain expectations regarding the outcomes.

The participants experienced that the quality of relating, i.e. having a comfortable space to explore their issues and being listened to and/or understood in an accurate way, tended to result in an emotional release or liberation, in some cases expanding the participants' emotional awareness.

The participants also spoke about other therapeutic outcomes and explained how they progressed psychologically by becoming more emotionally aware of themselves. Some saw themselves as continuing their therapeutic journey beyond therapy by listening more intently to their 'newly' awakened parts of the self. Others came to recognise the value of therapy in finding their own personal resources, and found themselves able to derive their own meanings about where they were in life at their present age, and also their future outlook.

Although only one of the participants had openly expressed this, these themes not only appear to highlight the non-linear, emergent quality of the therapeutic relationship, but also cast light on the way that age-related values, which played a subtle but important role in each of the therapeutic relationships, entered into the participants' experiences.

Overall, seeing that the majority of the participants describe their experience as a journey into self that offers an opportunity for emotional release and/or enables personal growth in the form of an enhanced attitude towards oneself and extended self awareness

these findings establish the quality of the therapeutic relatedness as foundational to the participants' involvement with their therapists.

However, the findings also reveal that the meanings the participants attached to their therapeutic experience vary according to exactly how they found themselves in their therapeutic relationship with their younger therapists. That is, the participants' accounts reveal a range of complex intrapersonal and/or interpersonal processes which transpired out of the inter-subjective realm between the participants and their therapists.

4.3.1 Sub-Theme: Quality of Relating

This sub-theme highlights different relational factors which are seen as important to the quality and strength of the therapeutic relationship. While the quality of relating varies from one relationship to another, there seems to be an underlying central thread present in all the participants' accounts: from the participants' perspective, the different areas that ultimately point to the therapeutic relating being experienced along one particular dimension, i.e. a relationship where one is able to talk about personal issues and feel emotionally contained by the therapist. In other words, the participants' accounts relate to the quality of the therapeutic relationship in terms of personal attachment between client and therapist, this including various levels of trust and confidence in the therapist's skills (e.g. non-judgemental attitude; empathy or positive regard).

The following passage from John's account exemplifies the importance of the experience of sharing and relating difficult dilemmas in therapy. As previously mentioned, John's life was absolutely shattered after being diagnosed with cancer a few years ago. He has also been gradually losing his sight, and struggles with disability:

'I mean, I think I'm more inclined, I think, I am more inclined...I'm speaking more now than I used to. I was a clam. I closed right up, and I didn't wanted to... because it hurt me to talk about that. Yeah, (therapist's name) brought it out of me and I'm talking to you much more than I've talked to people before. Just think it's so bloody boring – don't know why you want to hear it! (Chuckles).'

John 263-268

John's account conveys a sense of emotional tension. By repeating '*more inclined*' twice, it seems as if John feels the need to emphasise that he has moved to a more accepting state of affairs, yet still with a sense of being in a process. He refers to the past challenge of being '*a clam*' and quickly adds: '*I closed right up*', which could be taken to mean that after cancer he experienced himself as emotionally compromised and withdrew from his emotions to avoid feeling vulnerable. It seems that these emotions were so inhibited that initially he was unable to step out of his 'shell' and to progress therapeutically. In other words, he did not experience himself to be robust enough to challenge his emotional predicament. Eventually he allowed his therapist into his emotional world – however this was not free from difficulties. When John describes that the therapist '*brought it out*' of him, he seems to be referring to the impact of the terror he felt inside himself when trying to integrate the excluded aspects of his experience. His account also suggests that he experienced himself as being acted upon by his therapist. In other words, it seems as if it was his therapist who did what John himself did not feel capable of doing. While John's narrative indicates that therapy provided a way of reclaiming some level of the emotional awareness that comes from facing up to rather than denying painful feelings, at the same time it seems as if therapy might have drawn his attention to his emotional fragility. It seems that even during the actual interview he is finding it too difficult to talk openly about

these issues to me, his researcher, as he attempts to make his story sound a lot lighter by suggesting that it might be a 'so *bloody boring*' story and then chuckling.

More than half of the participants attached a particular significance to being listened to by the therapist in a non-judgmental and emphatic way, this aspect being closely associated with the therapist having an accurate, felt understanding of the client's experiencing. Ron's account relates particularly well the importance of the experience of being listened to in a certain way. The quality of this process seemed particularly important for Ron in making sense of his complex longstanding difficulties related to childhood abuse and gender identity:

'I say, there was just this general feeling of someone who was listening intently and caring. Do you know, one moment when I was talking about being bullied at school, I got the feeling that her eyes ...there were tears in her eyes...there was that level of erm er empathy involved. Well I mean obviously she was completely professional about it, she didn't allow herself to burst into tears or anything and I might... I might have misread the situation, I...I might...she might have naturally had rather watery eyes, but you know, it just felt like being in the company of er... someone who was a good listener and had a good sense of the right things to say that would help the situation.'

Ron 287-298

In the first instance, what is apparent here is Ron's description of being listened to 'intently' and in a 'caring' way. The word 'intently' could be taken to mean that Ron is describing his experience of being listened to attentively as if his therapist is alert to the complexity of his personal material. Another reading of this might be that Ron seems to be expressing the hope that by attending to his experience seriously and in depth, the therapist

might be able to hear the subtleties of both what is being said and what is left unspoken. In a sense, by adding on the word '*caring*' he seems to express his experience of trust in the therapist's competency in empathically listening to and understanding his terribly delicate and difficult to communicate issues. However, he also seems to be aware of the attitude of compassion and care reflected in the therapist's affectionate responses to the content of his experience such as her '*tears*'. Knowing that the therapist is moved by his difficulties appears to matter to Ron, who seems to experience himself as taken aback by her '*empathy*'; these factors taken together lend themselves to the idea that he might believe the therapist deeply appreciates the emotional content of his experience. At the same time, however, he seems surprised. It appears that when he asks me '*do you know*', it feels as if I, the researcher, am expected to share his surprise about the therapist's tears. One reading of this might be that Ron's surprise could be seen as echoing the cultural stereotype of a therapist acting as an authoritative expert, i.e. someone who should remain relatively emotionally unaffected by a client's material. However, given that Ron's story depicts a man who for most of his life was forced to subscribe to socio-cultural norms of gender identity, and struggled to bring the socially unacceptable '*female*' aspect of his subjectivity into the picture, the process of getting in touch with his painful issues might have aroused for him certain emotional dilemmas. The fact that he describes his therapist as being '*professional*' and not '*burst(ing) into tears*' over his material may validate this idea. While on the one hand '*professional*' could indicate his experience of his therapist being able to maintain an appropriate balance between genuinely feeling sad for Ron and keeping to professional boundaries and, on the other hand what he might have fully realised was the challenge presented by the moment of the unpredictable impact of his emotional pain on others. However, he then seems to take a step back by referring to his therapeutic relationship experience as being '*in the company of er... someone who was a good listener and had a good sense of the right things to say*'. Ron's reference to his therapist's ability to listen and respond attentively to his needs, from the position of a benign figure willing to

offer in-depth emotional engagement in his world, appears to confirm further what his overall narrative indicates about the significance of therapeutic listening. Ron's account demonstrates that an experience of being listened to 'accurately' seems to encourage the emergence of more personal meanings for the client, while culturally influenced experiences become less important. From the therapeutic viewpoint, this seems very important for Ron because, despite his disturbing feelings of guilt and shame, it was the quality of this particular relationship which enabled him to experience himself as reconnecting with the painful parts of his self.

Cecilia's experience of the therapeutic relationship shares some similarities with Ron's. For Cecilia, the unfolding of the therapeutic relationship begins with the feeling that she mattered to her therapist. This, according to Cecilia, seems to be a very important aspect of allowing her to experience herself as having a comfortable and intimate connection with her therapist:

'I liked the woman, which is important and I felt comfortable with her um whereas I've had therapists I've told you who I didn't feel like that about. I did feel that she was there for me and that was very important.'

Cecilia 409-412

What manifests itself in the first instance is Cecilia's use of '*the woman*' instead of referring to her therapist by her name or as her therapist. It may be that Cecilia experienced her therapist as 'more' than just a woman or a therapist; in other words as a competent therapist but also as a competent female who is able to offer comfort and has ability to attend closely to Cecilia's emotional life. Furthermore, Cecilia's statement: '*she was there for me*' in this instance surely reflects her experience of a therapist, who not only

listened to Cecilia's needs but was also very present with Cecilia, thus showing genuine interest in the content of her experience.

Some participants, however, had less success with their therapeutic relationships. For Len the unfolding of his relational connection seems to be challenged by his specific difficulties in forming a meaningful emotional connection with his therapist. Len links his therapeutic problems with experiencing himself as not being able to know about his therapist's background in a more personal way:

'As I say because I knew nothing about her, nothing whatsoever, I didn't know her background, whether she was married, whether she was single, whether she was...had children, I don't know you know, I knew nothing she was just a person talking to me, listening to me. Rather as you are. It's a different experience than talking to somebody you know or acquaintance.'

Len 80-85

Len has never had therapy before (46) and his account suggests that he may have had some different ideas about the nature of therapy. He makes a distinction between his therapeutic experience and ordinary social interaction and it appears that he might have expected therapy to fit a casual social conversation. The therapist's neutral stance and the degree of formality surrounding his therapy seemed to have disappointed him, and perhaps to have held him back from a deeper engagement in the therapeutic process. At the same time it is important to consider that, at a later point in the interview, Len mentions the possibility that he may have issues with memory loss and is open about his reluctance to discuss these issues in therapy (134). Perhaps the fact that he *'knew nothing about'* his therapist's personal background mattered more to him than it would to anybody else, since being under threat of losing control over one's reality is very unsettling. This could lead to the assumption that his experience of not knowing might be so powerful that Len is unable make a meaningful connection with his therapist. This to some extent might explain his negative feelings towards his therapist and his reluctance to engage in therapy.

It feels as if the formality of the interview situation with me reminds Len of his therapy experience. When he refers to me, saying *'rather as you are'*, comparing the interview situation to what he experienced with his therapist, it feels as if Len would like to advise me that if he were to know something about my personal life this would perhaps enable him to experience himself as engaged more deeply in our interview. This is what he also perhaps means by *'a different experience'* when making a distinction between therapy and a social situation. It appears that having a social conversation feels a lot more comfortable than having therapy. When talking to an *'acquaintance'* Len can keep at a safe distance or perhaps choose to ignore his issues and hide behind small talk, thus preserving himself from painful feelings. For Len, being able to share, and being listened to by the therapist might have played a role, however, unlike in other cases, it does not seem to have been enough for someone like him to feel emotionally contained, someone whose personhood is threatened at such a deep level.

Certain aspects of Len's account may be compared to Hannah's who also experienced herself as dissatisfied with her therapeutic experience. What appears similar in both cases is that their expectations as clients as to how emotionally contained they will be by the therapist affect their experience of the quality of the therapeutic relationship. Hannah felt that the complexity of her issues, such as the threat of her youngest daughter dying plus her frustration about getting older and frail (339), demanded paying special attention to her emotional and mental states. She describes a particular type of containment that she would expect to receive from her therapist:

'I think it's the, the understanding, it's, it's also the, the caring, which makes you relaxed, which is the most important thing. Because if you're not relaxed, you cannot talk and if someone does that, if someone does for you that like making a cup of tea, a simple gesture, you feel warmly towards that person, you feel you can get on with

them. Whereas if there's a stiffness and you're expected to just sit there and talk, hopeless.'

Hannah 556-562

In the passage above, Hannah relates that '*the understanding*' and '*the caring*' are the important components of successful therapy. Both words are reflective of a therapist's relational qualities which may represent for Hannah a satisfactory therapeutic experience. Her account hints that she would rather choose someone who shares her cultural background (e.g. someone who would appreciate the importance of having '*a cup of tea*'), and a therapist closer to her age (as she reveals earlier on in the interview 385-387), so she can relax and get on with her therapy. It is important to note that, throughout her interview, Hannah made it clear that her experience with the young male therapist (in his thirties) was mostly negative. She was continually expressing her frustration about her needs not being met and also saying that she did not have much faith in his competence owing to his young age and what she experienced as lack of maturity. According to Hannah, this most recent therapy experience was very different from her previous one with an older, mature therapist (in his fifties); who made her feel comfortable and relaxed, and always offered her a cup of tea. It feels as if in her narrative above Hannah alludes to these two very different therapeutic relationships, and the differences in therapy are experienced by her at an individual level. It is about the specific nature of her experience – not the therapy itself.

Hannah's reference to an embodied experience of interacting with a therapist related as the '*stiffness*' appears to describe a fixed, controlled quality of therapeutic relating and unpleasant feelings of being constrained, to which the opposite would be a quality of openness and receptiveness to the client's world. It seems as if Hannah particularly valued the sense of genuine care and really mattering to a therapist who was willing to go an extra

mile for her (e.g. cup of tea). Furthermore the choice of the last word '*hopeless*' seems to hint at the dynamics of her experience with the younger therapist, as if she was expressing her negative views regarding his ability to deal with the hopelessness of her situation.

In summary, under this sub-theme the participants talked about the qualities of their therapeutic relating, this including helpful and/or problematic aspects. What is frequently apparent in the participants' accounts is that the areas which are identified as impacting on their experiences seem to be intimately bound up with and unique for each of the therapeutic relationships. What also shows itself to be present in the participants' accounts is an age-related nuance. For instance what appears to be important in some cases is the extent to which the therapist is able to support the client in dealing with their distress within the context of age-related and cultural values.

4.3.2 Sub-Theme: Therapy as Emotional Release

This sub-theme draws on the experiences that the majority of the participants described as deriving from the process of revealing/disclosing their feelings and thoughts in therapy. While the participants' descriptions of this process varied to a degree, the act of talking openly about longstanding issues to a therapist who was available there to listen seemed to offer for these particular participants a sense of relief and liberation, with some of them finding it to be a form of deeper embodied self-experiencing. In other words, expressing distressful thoughts and feelings appeared to be linked not only to the personal but also to the relational aspects of the therapeutic process.

Michael's account (who at 84 finds himself struggling with debt which he keeps secret even from his wife) relates the importance of therapy as a place where he felt safe enough to share his burdensome experience:

'Well, er as a result of the counselling I would say that that er... I'm more relaxed with the situation than I was before in as much as I've expressed I've told someone...probably... which is something I've been carrying.... Even my wife doesn't realise, I have to keep...otherwise if she knew some of the debt I was carrying then she'd probably collapse. There was always that agreement that she never knew, the doctor was informed and he said don't And [therapist's name] said no don't worry about that's ok we don't want you to have further problems.'

Michael 277-284

Michael describes the impact of giving expression to his concerns in therapy. His narrative alludes to a strong emotional relief that came from his experience of disclosing rather than hiding his difficult experiences. This, he says, made him *'more relaxed'*, which might be taken to mean that he had gained a different perspective on his difficulties. Within the context of Michael's particular difficulties, the phrases: *'I've expressed'* and *'I've told someone'* seem to reveal the importance not only of voicing out his predicament but also of developing a particular type of trust as a result of counselling. In addition, these phrases are repeated one after the other, as if to suggest an open declaration of his debt issue was experienced as a significant and far reaching personal achievement at the stage of life he is at. *'Someone'* sounds at first glance rather casual and relational and it can be taken as referring to a person Michael can relate to and in whose presence he feels safe enough to reveal his experiences. However, the word *'someone'* could also be taken to indicate Michael's universal desire to be able to speak openly about his worries. This is apparently something he cannot do with his wife; and there is a sense that revelation and disclosure in the presence of the therapist might have enabled Michael to experience a sense of control over his shameful experiences, usually fuelled by fantasies that his wife *'would probably*

collapse’ simply by learning of his secrets. In other words, he appears to gain some level of reassurance from his therapist who offers acceptance as opposed to judging him.

According to Ron’s account, being able to talk and share burdensome experience felt liberating:

‘It felt like a tremendous release, you know release with an ‘s’ and relief with an ‘f’. You know to get all this stuff out in the open, having been reluctant to say too much to friends because it was so depressing, you know my friends had nearly all got their own problems in their lives, so I didn’t want to go on too much about it.’

Ron 240-245

Ron emphasises that therapeutic relationship facilitated what was felt to be *‘tremendous relief’ ... with an ‘s’ and relief with an ‘f’*. The way he relates the impact of experiencing emotional release brings up the image of being set free from the confinement of loss, difficult emotions and truths. *‘To get all this stuff out in the open’* reveals Ron’s experience of releasing personal material to an interpersonal space. As emotions are expressed, Ron seems to experience a cathartic type of process that feels immediately freeing. Interestingly, even though Ron’s issues appear to be complex, he mentions feeling *‘reluctant’* to burden others with his *‘depressing’* difficulties as if he has never experienced them as somehow more serious than anyone else’s problems, lending to the idea that his experience of loss might feel very isolating for Ron.

For Sally, the unfolding of emotional release begins with her therapist facilitating therapy in such a way as to allow her experience and her feelings to emerge in an unrestricted manner:

'He did touch on a few things, he did say I want to go back and you know touched on certain things that I'd said and we'd gone back to discuss those and he said how do you feel? And I said, well err I said to him I felt as if a whole weight had been lifted off my shoulders and I used to feel so light when I used to leave him. But I couldn't even tell you what I'd talked about.'

Sally 312-318

Sally's description of her therapist's sensitive approach conveys something very important about how she experienced the quality of her therapeutic relationship. *'Touch(ing) on'* her issues has a gentle quality and may be conveying a number of the therapist's attitudes that Sally feels encouraged to identify with. In one way it seems as if her relationship with a therapist who *'touch(ed) on'* her material may have aided her ability to share and express her feelings differently. In another way it could be taken as meaning that Sally felt as if the onus was very much on her to say what was on her mind, creating a space for expressing an emotional and/or embodied experience and being reflective. This aspect has been previously illustrated within the sub-theme: Relevance of Age Difference in the Therapeutic Relationship.

Sally's response to the therapist's question: *'how do you feel?'* reflects the impact that the therapist's enquiry has on her experience including its profound influence on deepening her emotional awareness. *'I felt whole weight had been lifted off my shoulders'* conveys vividness and immediacy of embodied experience. Sally describes feeling comfortable with her therapist even though she could not remember the content of her session. Furthermore, it could be seen that the process of releasing the emotional content of her experience seems to be closely connected with her bodily states. Similarly to Ron's account, Sally's embodied experience of feeling *'so light'* conveys an implicit belief that the

process was experienced by her as helpful in expelling or/and re-positioning her distress in some way. Later on in the interview Sally expands on the emotional release aspects of her therapy which seem to add to her knowledge of ageing:

I used to skip out of here sometimes, well er I couldn't but I felt as if I was skipping out you know because I felt er...(Sighs) lighter, umm yes that's the word light hearted. I felt really light hearted.'

Sally 465-468

Sally describes her experience as '*skipping out*' of her sessions even though she was physically unable to do so. The polarity present in this statement seems to capture her subjective sense of growing older. That is, she indirectly seems to refer to an ageing body as being no deterrent to her newly discovered curiosity about the content of her experience and the emotional and mental states surrounding it. Furthermore, the fact that she twice uses the phrase '*light hearted*' indicates that the therapeutic relationship encouraged her to become more confident for the future, even if her physical ability continues to diminish with her age.

In summary this sub-theme highlights the participants' experiences in the area of expressing thoughts and feelings, including those relating to longstanding issues and/or ageing. Some participants spoke about gaining a relief or/and a sense of liberation through the act of sharing previously unexpressed experiences, which implies an implicit belief that the process of voicing out one's thoughts might contribute to emotional integration.

4.3.3 Sub-Theme: Therapy as Transcending/Expanding of the Self

This sub-theme concerns the felt experiences of the transcending/expanding of the self which the participants relate as deriving from their therapeutic journey. Participant's descriptions of these experiences varied. Some focused on their experience of loss and mourning with regard to their previously taken for granted life certainties. Others tended to emphasise an expanded self awareness - compelling them to re-examine their relationships to themselves and/or to the world at various levels. It appears, that for all participants therapy provided a form of learning from experience co-created between client and therapist within each of their unique therapeutic relationships. This learning seems to add to the knowledge of the participants' age-related aspects of themselves, in that they describe themselves as being aware of their age and ageing, and yet still finding themselves able to encompass the existential facts of life, including the limitations as well as the possibilities that come with ageing.

Sally's account encapsulates this theme. As a result of having therapy, Sally describes her experience of finding a sense of personal voice, helping her to break the barriers of early history emotional oppression and reach a place of acceptance in life:

'I think I'm a happier person, yes. Umm how can I say it um (Pause) I just look at life totally differently, you know. There are things that happen in the world that you can't control and so there's no use worrying about it. Um ...and I just go in my own little bubble, my happy little bubble now, um ...that's how I you know...I moan about my knees and my elbows and my back and my shoulders but I then that's something I can't do you know, can't do very much about but um... I'm quite philosophical about the world now yeah, it's made me quite philosophical, not so bitter I think, I'm not

bitter about anything. I did have quite a few bitternesses to quite a lot of people um and, it's taken the bitterness out of my feelings, I don't feel bitter about anybody.'

Sally 673-685

In her first sentence Sally relates that she experiences herself as '*a happier person*'. Although at the beginning of this sentence she uses the tentative '*I think*'; at the same time she seems to be taking her time deliberately to express how she feels; and then she finishes the sentence with '*yes*' as if she was trying to convince herself and perhaps others that this is exactly how she feels. She then pauses slightly before going on to explain the underlying meanings of this feeling. Her use of the word '*person*' seems to relate to her experience of ownership over what she came to value about her self. This sense is also evidenced throughout her account when she uses the words '*I*' or '*I'm*' at crucial points in her narrative. From Sally's account it is also apparent that she gained a different perspective on life, as she seems to believe that nothing can be accomplished through opposing facts of life which are out of control. With her realisation of growing older and becoming less resilient this is felt to be an important learning for Sally. It also seems as if in terms of personal development, her therapeutic journey helped her to expand into a new space in life, which she refers to as her '*happy little bubble*'. This, of course may lead to an assumption that Sally might be just describing an inner refuge, the comfortable space she found within herself to use at times when she needs to protect herself from painful emotions. However, on analysis of further parts of Sally's narrative it becomes apparent that in addition to arriving at the 'happy bubble' space, the process of journeying into herself enabled her to gain a '*philosophical*' perspective one which seems to help her to encompass the existential facts of life, including both the limitations and the possibilities that come with ageing. That is, her narrative alludes to an expanded emotional awareness which finds itself in her experience of discovering a personal voice, encouraging her to

break the barrier of an emotional oppression and to respond to situations according to her own perspective rather than others' expectations. This is further evident when Sally states that therapy has provided a way to become *'quite philosophical, not so bitter'*. This indicates her experience of deeper self-awareness but the words: *'quite' and 'not so'* also allude to someone with their own sense of agency, who does not need to be one or the other (i.e. philosophical or bitter). In other words, it appears that Sally learnt to value all forms of experience and came to recognise that each emotion has its own significance.

John describes experiencing himself as accepting where he is in life and he relates to therapy as a way to find meanings in embracing challenges:

'Oh I quite liked it. It was something I looked forward to. Um (Sighs), well I just, I've come to taking it on board now. That's something I....It's me now. I mean I've changed. It was difficult accepting the change and I had to come to terms with it, more. So I think that's what he helped with.'

John 138-142

It seems as if John's therapeutic relationship has given him a sense of hope and courage to accept the changes he experienced in his life after having cancer. However, it seems that he did not experience the process of accepting changes as a smooth transition and in his narrative he states: *'I've come to taking it on board now'*, and then *'I mean I've changed.'* and *'I had to come to terms with it, more'*. Together, these repeated sentences sound as if John is trying to emphasise that he had no choice but to simply accept the changes to bring some order into his life. *'It's me now'* suggests that in John's mind the other option, i.e. not coming to terms with his predicament, is associated with something out of his control or perhaps even fatal to his existence.

Some participants reveal the ways in which their therapeutic experiences continued to help them manage emotional dilemmas, beyond the limits of the therapeutic room. What these accounts have in common is an idea that, through the therapeutic process, the participants came to internalise as their own a number of their therapist's attitudes conveyed to them in the therapeutic situation. For instance, the quality of the therapist's attentiveness seemed to have a profound influence, not only on the process of actual therapy but ultimately also on the client's self awareness. In these cases it seems as if being accompanied by an attentive and caring therapist during their therapy enabled them to adopt the same benign attitude to themselves, which in turn helped them to facilitate an experience of feeling contained, even though the therapy finished some time before. The therapeutic situation thus becomes a space which encourages interest and curiosity about the content of one's experience.

This particular outcome seems to add a positive dimension to the participants' growth and personal development at the stage of life they are at, as it provides a means to deepen their own personal resources, as well as building up their ability to be more receptive and reflective of their experience. Ron's narrative below exemplifies his felt experience of being able to call upon the voice of 'the internal therapist' beyond the limits of the therapeutic room:

'It is difficult, I mean I can't pretend that all of a sudden all these problems have floated away. I still have these bad experience in the early hours of the mornings where negative thoughts plague me, but at least certain things that [therapist's name] said, I can use those to ward off. [therapist's name] more than anybody I've spoken to was able to say to me you've got nothing to feel bad about, you know those people that were nasty to you, they were the problem. You...you have no reason to feel bad about that. I mean it's not something that works a hundred percent but it gives you something to hold on to and I mean I'm now resigned to the

fact that those unpleasant memories are going to plague me for the rest of my life, but I can minimise how much they hurt, you know.'

Ron 691-703

In the narrative above, Ron describes his felt experience of having a dialogue with an imagined listener, his 'internalised therapist'. Although Ron describes his unresolved emotional issues as continuing to *'plague'* him, after he has finished his therapy, he also conveys that what he has learnt in therapy helps him experience himself counteract the impact surrounding these challenging thoughts. This can perhaps be best understood as a development of an invaluable personal resource which Ron can consult when formal therapy is not available. The word *'plague'* is used twice in his narrative, and this suggests Ron's acute awareness of how complex his issues are. Nevertheless, Ron appears to have a quiet determination to deal with things as they are, instead of avoiding them. His statement: *'certain things that [therapist's name] said, I can use those to ward off'* seems to communicate the idea that Ron's therapist became a kind of personal voice that he can tune into when a particular need arises. Later on, in Ron's narrative, this imaginary benign figure begins to take more shape and becomes established as someone who can aid Ron in handling unresolved issues and provide him with a sense of resilience that he otherwise may have lost in the perceived moment of challenge. Therapeutically this seems to mean for Ron that he continues to experience himself as feeling supported in dealing with his difficult emotions by holding on to the internalised 'presence' of his therapist. By using the phrase *'something to hold on to'* he shows his conviction that he finds these experiences very supportive; but he is also aware that *'it's not something that works a hundred percent'*. In so saying, he seems to emphasise that he experiences himself as someone who is realistic and does not underestimate the power of his emotions. And later on, his use of the word *'resigned'* has connotations of a commitment and it feels as if by using this word Ron

is referring to both a limitation and a possibility. With this realisation in mind, he seems to be very aware of his emotional self with an additional sense of developing a deeper connection to what is 'going on for him' internally at his present stage of life in terms of limitations as well as possibilities. At the same time, it feels as if the therapeutic relationship enabled Ron to experience a sense of agency in embracing challenges and subscribing to his own sense of resilience; *gradually assimilating* what in effect he has learnt in this context about the importance of nurturing self awareness and reflexivity.

In summary, this sub-theme emphasises how these older men and women are coming to their later life with a need to be more integrated, in the sense of being able to respond to their circumstances according to their own subjective meanings rather than to socio-cultural expectations. Here some participants describe how through their therapeutic experiences of sharing, exploring and learning they have begun to be more aware of and to find their own ways of containing different needs, feelings and vulnerabilities. Gaining such an awareness seems to allow for the expansion of self experience where some participants describe the process of learning to value all forms of experience and in turn to recognise that each emotion has its own significance. Others talk about having a more open-eyed relationship to life (and death), as they continue finding themselves deeply imbedded in the therapeutic realm which offers them a sense of care and compassion.

CHAPTER 5. DISCUSSION

5.1 Overview

The aim of this research, using Interpretative Phenomenological Analysis (IPA), was to explore and provide a descriptive account of how age difference may play a role in the therapeutic relationship, for older clients who had therapy with therapists who were perceived significantly younger. The participants' accounts varied and reveal that the age difference experience can enter into the therapeutic relationship in a subtle and diverse manner. The analysis presented in the previous chapter revealed four main findings. Firstly, the findings show that age difference experience was not an issue immediately apparent to most of the participants. Secondly, age difference appears to be experienced as embedded in the *reciprocal* and *dynamic* interplay of the participants' and their therapists' subjectivities, unfolding and fluctuating in the course of the relationship, and therefore cannot be easily articulated in isolation from the relational processes. As such, age difference appears to enter into the therapeutic relationship not necessarily as a *perceived age gap* but uniquely in the way that each therapeutic relationship unfolds, namely *how something different and/or similar* between a client and a therapist is played out. In other words, age difference appears to be one of many interactive, relational factors, which influence how the participants come to experience themselves and their therapists; and how they make sense out of their experience. The unique meanings that each respective participant attributes to their therapist's characteristics (e.g. age, gender, sexuality, cultural background and/or relational skills) appear to depend on this participant's organisation of his or her experiential world; and these meanings appear to contribute to the clinical themes that emerge in the therapeutic process. Thirdly, the participants' therapeutic experiences are influenced by meanings they derive from their subjective sense of temporality, life experience and ageing. In fact, the present findings show that aspects of

their temporality and ageing such as: an awareness of time as a non linear process; the way the participants experience their sense of ageing; as well as being faced with loss and other existential limits; all these appear to be the important organisers of the participants' therapeutic experiences, including the age difference aspect. Finally, the quality of the therapeutic relationship is very important and this study further stresses the significance that all approaches to counselling psychology universally place on the quality of the therapeutic relating.

A number of different theories could potentially help in making sense of these areas of the participants' experiences. Phenomenology, in particular the works of such philosophers as Heidegger, appears to be an important theoretical foundation for engaging in lived experience of age difference as embedded in the therapeutic relationship. Heidegger's notion of *Dasein* – a state of being inseparable from the world and others, and situated in a particular historical and socio-cultural context – appears to provide an overarching perspective for understanding the current findings, and this study draws attention to Heidegger's argument against theories or criteria which separate out one's experience from the experiential world in which one is immersed. The researcher considers this philosophical support as paving the way towards theoretical integration between the *intrapsychic* and *intersubjective* aspects of the participants' experiences. Therefore, with the aim of providing an increased understanding of the participants' meanings, the researcher has followed some of these philosophical ideas as a thread throughout the discussion.

It is also believed that in making sense of the participants' accounts from the open and evolving phenomenological framework, the implicit meanings which might resist straight forward explanations can be brought forward in unthought-of ways, thus bridging the gap between the 'knower' and the 'known' (Smith, 2011b). As explained by Moran (2000) we can think of this process in terms of Heidegger's account of hermeneutic phenomenology:

'How things appear or are covered up must be explicitly studied. The things themselves always present themselves in a manner which is at the same time self-concealing. (Moran, 2000, p.229).

While Heidegger's argument illuminates the importance of engaging with hermeneutics and seeing the participants' experiences in the light of their connection with others and their worlds there remains a problem with 'translating' philosophical ideas into psychotherapeutic research and/or practice (Copperstone, 2009), and that is: neither Heidegger nor other philosophers provide a system relating specifically to the therapeutic process. Instead, Heidegger challenges us with certain questions regarding our *being*. For instance, his argument that we cannot measure human experience in isolation from the context of *being and time*, is an encouragement to remain open to the type of research knowledge which is local and unique (Cayne & Loewenthal, 2008). Therefore, in terms of making sense of the participants' experiences specifically within a therapeutic context, the researcher considered the intersubjective approach to therapy.

Broadly, this theoretical framework draws on an idea that our sense of self is embedded in and developed in the context of our relationships with others (Mitchell, 1988; Frie & Reis, 2001). As argued by Mitchell (1988) we remain in a state of a *relational matrix*, in other words our subjective experience occurs within and is mediated through relational systems. In accordance with this perspective, the therapeutic relationship between a client and a therapist is seen as the vehicle for change (Cooper, 2008; Lambert, 2013).

In particular, work done by Stolorow, Atwood and Orange (2002) and Stolorow (2011) on the intersubjective systems theory sheds a light on the present research findings. This perspective rejects the traditional psychoanalytic stance that the therapist is an objective 'knower' of the client's experience; and instead assumes that both client and therapist have subjectively experienced emotional realities which mutually influence their continuing interaction. The intersubjective systems theory has its philosophical root in the

phenomenological tradition (including Heidegger's perspective) and has greatly advanced our understanding of clinical phenomena, in particular through its concern with the impact of contextual factors and intersubjectivity on our experience; and as Stolorow (2011) succinctly explains:

'...it is phenomenological in that it investigates and illuminates worlds of emotional experience. It is contextual in that it holds that such organisations of emotional experience take form both developmentally and in the psychoanalytic situation, in constitutive intersubjective contexts'. (p.19)

According to Stolorow we are always interacting in some way with others; however, rather than referring to an interaction between subjects, Stolorow and colleagues call our attention to the interacting between *worlds of experience*. With this in mind, the intersubjective systems theory draws our attention to the idea that both client and therapist bring their own subjectivities to the therapeutic encounter (including aspects of their personal, biological, cultural and psycho-social characteristics) and both become active participants in the therapeutic relationship. Therefore relatedness plays a constitutive role in the organisation of the therapeutic experience. Using this as a basis, within the context of the present research, the participants' therapeutic experiences of age and intergenerational difference cannot be solely attributed to their *intrapsychic* experiences, but again need to be seen in the context of a relational framework (including broader psycho-social and cultural contexts) that emerges and fluctuates over the time.

Through asking the question about age difference, the findings establish not only how the relational comes into the therapeutic relationship, and how age difference plays a part in this relational experience; but also the particular way in which the clients and their therapists co-construct the world. The specific way in which this is done is true for a

particular relationship and varies from one relationship to another. Viewed in this way the age difference is not a fixed entity any more and instead becomes invoked in various different ways as a part of the co-constructed relational world where both client and therapist share the task of exploring experiences and thinking about them (Buirski & Haglund, 2009).

5.2 Observations on the subject of temporality, ageing and age difference

In this study, analysis showed that, while for a majority of the participants age difference did not appear to them to be a significant issue in his or her particular therapeutic relationship, an awareness of their own temporality and ageing was always present for all, albeit not always expressed or/and acknowledged explicitly. In fact, the present research findings indicate that both temporality and ageing became the important organisers of the participants' therapeutic interaction including the aspect of age difference. Therefore, it seems natural to view each participant's therapeutic experience through the prism of each one's personal relationship to time and ageing.

Psychological underpinnings of the experience of temporality and ageing within the therapeutic context varied amongst the participants, but what they had in common was an experience of time as a non-linear process, unfolding and interweaving the past, the present and the future; also an increased awareness of the time they had left in their lifespan; and concern with the limits of their existence. Therefore the participants' relationship to time is considered next, revealing how their sense of past, present and future was experienced in their therapy.

5.2.1 Time perspectives: an awareness of time

The findings from this sub-theme illuminated the participants' personal relationship to time, a relationship which manifested itself in therapy in many and various ways. Most prominently, their accounts conveyed a sense that time, rather than what we usually refer to as chronological time, was being experienced in a more subjective way; that is, a way in which the past and the future were being intrinsically related to the present therapeutic context. This seems to bear a resemblance to Heidegger's (1962) argument that time *is* in our being (i.e. we are the source of time), and temporality is a non linear, unbound process in which our existence flows constantly between past, present and future (Rennie, 2006). It follows that how we relate to time reveals our relationship to ourselves and our views (implicit and/or explicit) about change and death (Macquarrie, 1994). Indeed, what characterised most of the participants' accounts, although this was seldom directly stated, was that all of them tended to share an awareness of time as a distinctive factor in their therapeutic experiences; particularly in relation to the long-standing difficulties discussed in the sessions.

Some participants brought to therapy issues that had never been resolved since their childhood; others spoke about layers of issues which had built up and multiplied in the course of their adult lives. Interestingly, these areas of unresolved longstanding issues seemed (in most cases) not to be the primary reason for therapy but rather underlying the variety of symptoms the participants originally presented with (e.g. depression).

This finding is in line with the developmental understandings of therapy with older clients which take into account the important complex psychological changes in one's personal relationship to time involved in the ageing process (Greene, 2003; Quinodoz, 2008). For instance, evidence from the clinical literature (Bergin & Walsh, 2005; Martindale, 2007; Terry, 2008) suggests that taking a developmental perspective is often vital in formulating

older clients' issues. Of importance here are understandings of the events from the client's personal history (childhood and adult past), including their experiences of receiving care, which may impact on the accomplishment of the developmental tasks of later life, such as finding a balance between *integrity and despair* (Erikson, 1950) and/or maintaining a sense of personal *resilience* (Martindale, 2007).

For some participants therapy became an opportunity to unlearn past maladaptive patterns of behaviour; and to discover a sense of self worth and forgiveness towards self as well as allowing them to see themselves as still developing. Some participants even emphasised the importance of choices being made in the present; they valued the quality of life in the here and now as well as the importance of having a positive future outlook. One of the participants described that becoming, as she said, her 'own person' was a very profound therapeutic achievement. This particular finding relates to time being considered as a *personal resource* and the literature on psychological time in later life indicates that therapy can help older clients to foster such a sense of agency and encourage them to utilise their time in accordance with their own choices (Shmotkin & Eyal, 2003). It is important, however, that older clients think of their future in terms of realistic hopes and expectations (Lennings, 2000; Garner & Evans, 2010).

Other participants, however, expressed a sense of challenge experienced when delving deeper into their longstanding issues. For some, therapy revived past resentments towards their self and they expressed a sense of resignation, alongside feeling both unworthy and also unable to integrate the painful and excluded aspects of their self experience.

Experiences were also described where the therapist was seen as someone actively contributing to the sense of the therapeutic situation being both challenging and yet at the same time transforming the client's capacity to become more reflective and receptive of

themselves. This relates to what Feltham (1997) frames as a client's possible *temporal assumptions*:

'...whatever degree of disturbance or unhappiness the client experiences, he or she will always have some temporal assumptions which relate to their problems and concerns in counselling...Often it becomes quite obvious within a very few sessions if the client is placing a large wedge of temporal safety and postponement between his or her stated goals and willingness to take some actions towards them.'

Feltham (1997, p.64)

Feltham's argument highlights the potential challenge to a therapist's ability in making sense of a client's meanings as embedded in our temporality; and according to the intersubjective approach to therapy (Buirski, 2005) these experiences can only be understood within a particular relational context which will influence the meanings which are created out of these experiences.

Most of the participants expressed (although not always directly) an awareness of coming from a different time and place culturally than their therapists (Knight & Lee, 2008). In some cases, this manifested itself in having certain preconceived ideas on the subject of psychological help and/or coping behaviours. In those cases how the participants experienced the therapeutic relationship appeared to be influenced by the broader socio-cultural context in which these views were formed. For most participants their up-bringing during the war time was built around certain cultural practices in relation to help-seeking and coping behaviours, where psychological matters such as distress were kept either strictly private and/or dealt with by means of certain cultural practices (e.g. brewing a cup of tea) rather than seeking professional help. In those days it probably would not have been thought safe to talk openly about emotional difficulties to a stranger and there was pressure to conform to the attitude of *keeping a stiff upper lip* (Patrick, 2006). Therefore now being

able to relate personal issues to a therapist was viewed as valuable but at the same time elicited for some participants a sense of surprise, even bewilderment, that their issues had been kept private for a such a long time. For some it seemed like being in two places at once: past and present. In other words it was a case of dealing with something which happened in a distant past and was still having an effect in today's context of different, more positive attitudes towards psychological therapy. These findings are thus congruent with the multicultural perspectives which centre on foregrounding socio-cultural and historical contexts and attitudes towards difference as impacting on the way emotions are dealt with and expressed in therapy; and add to the literature highlighting how these contexts may influence older people's attitudes and/or responsiveness to psychological treatments (Robb et al.,2004; Laidlaw, 2010,).

All participants had had a brief type of therapy ranging from six to twenty sessions and the findings indicate that the *number of sessions allocated* and *the use of time within* the therapeutic framework were very important aspects of the therapeutic process and also constituted an area of 'time awareness'. Some expressed disappointment with there not being enough time available to explore and deal with their lifelong difficulties and the issues arising from their personal histories. Some felt pressured to move on and would have liked more time to establish a level of trust with their therapist (Shmotkin & Eyal 2003). In fact, dealing with a greater number of life events or losses, particularly those of a longstanding nature, in just a few sessions was felt to be very difficult, possibly owing to the different mindset of the older clients regarding their expectations of the therapeutic process and outcomes. In fact, the number of sessions allocated seems to have directly influenced how some participants thought about their difficulties. Examples of these included expressing a sense of resignation regarding being less able to deal with challenges; and doubts of achieving a psychological change at a fundamental level. This aspect also resonated with the researcher, both as a researcher and as a practitioner familiar with some of the challenges within the provision of publicly available therapeutic services for older people.

It has been recognised that tailoring psychotherapy to the needs of each and every older client is central (Goudie, 2010; Laidlaw, 2010), and factors such as health, functional capacity and/or quality of life may be very important (Draper, 2000). While brief interventions particularly in the context of older people suffering losses associated with physical illness and incapacity, can provide some understanding about the older person's internal and external worlds and are often sufficient to facilitate the mourning process (Critchley-Robbins, 2004; Terry, 2008; Fiske et al., 2009), there are cases where a more open, longer term therapeutic framework is necessary for working more empathically and promoting clients' understandings of their presenting issue from their own lifespan perspective (Mitchell, 2010).

However, as Martindale (2007) notes, the changing concept of time with ageing is still not given enough consideration, either by the existing literature, by practitioners or in the wider society, thus highlighting that, in failing to understand the role of *time* as an important psychological factor *specific to the psycho-developmental tasks of ageing*, the complexity and nuances of the client's lived experiences and/or the impact of historical and socio-cultural forces on his or her presenting difficulties may impair these practitioners' capacity to engage with older clients. Clinicians could end up making interventions that might be perceived as inappropriate and unhelpful by their clients. In particular, a failure to recognise the complex and often paradoxical features of psychological time (Zakay & Block, 1997) and their role in an older person's experience may lead to incorrect case formulation where a variety of symptoms will make no sense unless and an older client's developmental history, their experience of time and their inner world are given due consideration (Martindale, 2007). The current research supports this existing literature.

5.2.2 Facing multiple losses & concern with mortality within the context of ageing

This sub-theme describes how the participants came to see the therapeutic relationship as an opportunity to share the reality of their losses and/or concern with mortality. There was a noticeable overall awareness of *multiple* losses the participants had suffered and in some cases the nature of the loss was considerably wider than simply loss of health. There was loss of purpose; loss of previous professional roles; loss of the active person they used to be; loss of contact with other people; also loss of hopes and opportunities which might have been present in their younger life; and/or loss of people dying around them. These findings support the existing literature which considers loss as one of the key experiences of ageing, in turn requiring a mourning process and psychological adaptation (Thumala Dockendorff, 2014); and is an important aspect in therapeutic work with older adults (Orbach, 2003; Terry, 2008; Garner & Evans, 2010). Furthermore these writings acknowledge loss in terms of a developmental potential as an existential resource for an older client's growth.

Some participants' narratives seem to allude to a sense of possible future loss that may have not necessarily reflected any of the losses that had occurred in their external reality. The researcher observed that they seemed to be pre-occupied with this possibility of a *future* loss (King, 1980) such as: their awareness of their own ageing process, the possibility of debilitating illness, fears of increasing dependency on others and/or the inevitability of their own death; and/or a realisation that they may not be able to achieve the goals they had set for themselves and that what they can achieve in life may now be limited. It was striking that, except for one participant, such experiences of potential loss were conveyed implicitly rather than being openly expressed. Perhaps this was because of challenges that the participants would have experienced in discussing these issues directly with their therapist. That said, Freud's (1917) assertion that much of our response to loss

takes place unconsciously may possibly offer one explanation as to why the participants were not open about certain areas of their lives in relation to what Terry (2008) refers to as *core fears of ageing*, namely *dependency*, *loneliness* and/or *mortality*. These fears are recognised as key experiences of ageing and may lead to considerable feelings of worthlessness, loss of resilience and mental distress (Martindale, 2007).

The findings reveal that for most of the participants the process of re-experiencing loss within the therapeutic relationship helped them towards initiating a sense of mourning and a growing awareness of death as a boundary to one's existence. Some participants came to recognise this awareness as deriving from facing up to rather than denying the experience of loss; and this particular aspect seemed to be integral to their therapeutic process.

Heidegger's (1962) concept of *being-towards-death* seems to be particularly relevant in understanding the implications of the mourning process for the participants who described a sense of personal growth following therapy. In his view death is not seen as the end event of life but itself enters very much into our life as a whole:

'As soon as a man comes to life he is at once old enough to die'

Heidegger (1962, p.289).

Thus, death honestly accepted and anticipated can become an integrating factor in an authentic existence, by which Heidegger means a realistic inclusion of the death factor among all other projects and the way we evaluate them. Indeed, for some of the current research participants therapy had not only functioned as a containment of difficult feelings of shock, denial and sadness but also led to a development of more profound understandings of the reality of his or her existence.

Heidegger's perspective may also help explain the accounts of some participants who found exploring loss in therapy very challenging, and whose sense of loss seemed to outweigh their 'integrity' (Erikson, 1950). Indeed, some participants in the current study were troubled by the scale of their loss and continued to feel that engagement in their therapy was too much of a challenge. They felt hopeless and unable to integrate their experience of loss, which according to Heidegger is a sign of the emotional paradox of being unable to accept loss as being part and parcel of our existence. He argues that the biggest hopelessness is death, and once you accept death as what he calls a *possibility* everything else becomes less significant:

'Hopelessness, for instance, does not tear Dasein away from its possibilities, but is only one of its one's own modes of Being towards these possibilities' Heidegger (1962, p.279).

In a therapeutic context existential analysis of loss can open up a way to see a situation of hopelessness as bearable (Spinelli, 2015) and, according to Heidegger, if you arrive at this point you have less desire to control your life. Following Heidegger's philosophical premise, it could be argued that while it appears to be important to acknowledge and respect an older client's defences surrounding loss and mortality, at the same time it is important to help such clients to embrace the difficult truths about loss and mortality. The findings of the current research support this philosophical perspective and provide further evidence that the mourning process is complex but central to therapeutic work with older clients and can not only become an existential resource, supporting development and creativity in later life as it does through life transitions (Kloep & Hendry,

2007), but may also lead to a greater sense of resilience and to life being experienced as more meaningful (Martindale, 1989).

Of interest, is that some participants valued his or her therapist taking on a position of *an emotional participant* in their suffering. In these cases the therapist was experienced as someone being deeply '*aware*' of the participants 'loss or/and someone who was actively contributing to their client's expression of sad feelings. This was experienced as helpful for these participants to communicate their feelings thereby gaining the capacity to survive their distress. This corresponds to Stolorow's (2011) concept of *kinship-in-finitude* (p.63) whereby, as *part of* the intersubjective approach to therapeutic work with loss and mortality, the therapist becomes aware of the client's experiences of loss and powerlessness through taking on the position of an honest solidarity between vulnerable human beings, and so potentially helping a client to find '*a relational home*' (Stolorow, 2011, p.65) for previously unacknowledged emotional pain. This appears to be linked with an increase in a client's capacity for self reflection (discussed in the later sections).

5.2.3 The relevance of age difference in the therapeutic relationship

5.2.3.1 The age difference dilemma

For all the participants in the present research (except Hannah), the age difference aspect of their experience was not expressed overtly as being necessarily an issue. When, the participants were asked about what their experience of age difference was like, it was striking that most were not very articulate when trying to account for it. Some did not have much to say on this topic and seemed to have entered a theoretical vacuum, while others communicated a sense of ambivalence that the research question about age difference experience raised in them. In fact, one participant (Sally) expressed contradictory attitudes in relation to her age difference experience. Therefore, it was difficult to determine exactly how age difference might have been relevant to any one participant's therapeutic journey. While at one level age difference was not explicitly an issue when examined from the angle of the unfolding account of therapy, it did seem to play a part in the way each participant experienced their therapeutic relationship. This way of making sense of the participants' statements and going beyond their face value is in accordance with the IPA principle of the *hermeneutic circle* (Smith et al., 2009). For instance, when reflecting about their age difference experience, most participants stated (briefly) that age difference was irrelevant and instead seemed to pay more attention to certain aspects of their therapeutic relationship (this seemed to happen just before or soon after their reflections on age difference experience): *'there was no difference, I was talking to his level and he was talking to mine'* (Sally); *'...because of my feminine side I feel more relaxed talking...with a woman...the age of this woman is irrelevant'* (Ron).

The parallels here are so striking that it seems reasonable to interpret these and other similar instances across the participants' accounts (i.e. where the question about age difference diverted the participants' attention to the relational aspects of their experience), as symbolising the implicit relational meanings of age difference which emerged within the particular and unique intersubjective context of therapeutic relationship. Thus, age difference appears to have become one of the relational, interactive factors, playing a part in how the participants came to experience their different idiosyncratic needs and priorities in relation to their issues as well as their emotional investment in their therapeutic relationship. Looked at in this way, what the findings indicate is this: that it may not be an age gap *explicitly by itself* which contributes to the complexities and idiosyncrasies of the participants' experience. Instead, age difference appears to be *a part of the intersubjective therapeutic relating* and reveals itself through the manner in which each participant and his or her therapist mutually influence each other (Orange, 1995). Bear in mind that this is merely an observation which represents the researcher's own view using a small sample and should not necessarily be generalised to a wider population.

One might wonder how come that the participants 'found' themselves experiencing the age difference through different interpersonal dynamics with their younger therapists. The possible answer, in phenomenological terms, might lie in Heidegger's perspective of *being-in-the-world-with-others* (Heidegger, 1962) which offers an enlightening framework, in that it allows for some meaningful links to be made between intrapersonal and interpersonal aspects in the participants' therapeutic experiences. From Heidegger's perspective, part of our primordial experience of *being-in-the-world* is that we experience reality as shared and a place where we relate to one another (Macquarrie, 1994). According to Macquarrie, while Heidegger communicates the importance of seeing human beings in the context of their relationships with others, his claim is not simply a factual one (i.e. that there are other human beings beside us), he refers to *being-with* as an a priori existential condition of our being, even if no others exist at all. Looked at from such an angle, one explanation here is

that the counseling relationship may be encountered according to the specific set of meanings which evolve out of relating to others. This is an important link between Heidegger's ideas and this IPA research because it suggested to the researcher a need to see much more and to go beyond what was being expressed by the participants about their age difference experience; the whole process thus required attentiveness and engagement with the intersubjective and wider socio-cultural contexts of the participants' experiences (Ponterroto, 2005). The process of approaching the participants' experiences from the interpretative phenomenology perspective, allowed the researcher to explore these experiences in terms both of the content of the account and of the person providing it. In line with Smith and Osborn (2008), in trying to get close to the participants' meanings and trying to make sense of them, which cannot be done directly or completely, the researcher used her own conceptions in approaching the interpretative process, while continually ensuring that her interpretations were grounded within the original data.

From the intersubjective systems perspective (Stolorow, 2011), the openly expressed as well as less obvious aspects of the therapeutic interaction are believed to reflect the way a participant and a therapist organise their experience and interact with each other. From this viewpoint, the present findings establish this unique manner in which the therapist's characteristics (which may include for instance their age, gender, sexual orientation, cultural background or a combination of any of these) may impact on the participant's personal subjective world (Stolorow et al., 2002) and *vice versa*, thus becoming '*...instrumental in evoking and shaping the clinical themes that emerge in the dialogue*' (Buirski, 2005, p.90). This relates to the concept known in intersubjective literature as *co-transference* (Orange, 1995). Indeed, the unique meanings that each respective participant attributes to his or her therapist appear to depend on: the particular participant's personal organisation of their experience as well as the relational process of mutual co-construction of the experience by both parties (Stolorow et al., 2002; Buirski & Haglund, 2009).

5.2.3.2 Relational processes in relation to age difference experiences

There was a considerable divergence in the ways in which the participants made sense of their therapeutic experiences regarding their interaction with their younger therapists. For the majority, their relational connection with their therapists seemed to be 'established' in accordance with what they felt to be representative of the therapeutic experience. That is, the therapists' qualities do appear to have been 'deployed' by the participants as a means of working through longstanding difficulties and achieving some level of emotional regulation. In addition, the meanings that both client and therapist make together are influenced by the wider socio-cultural contexts. Examples of these included building a sense of trust where, for instance, the therapist's gender and or/sexuality were 'used' as a means of working through longstanding difficulties related to gender and/or sexual identity as well as lack of socio-cultural validation. It seems as if, for these participants, being in the presence of a particular therapist was experienced as enabling their engagement with the intimate aspects of their lives, aspects which had up to that point remained inhibited. In these cases therapy provided an opportunity to take a fresh look at their relationships not only with themselves but also with others and thus can be seen as effective in addressing issues of stigma and social isolation (Hillman & Hinrichsen, 2014). These findings are consistent with the research on older lesbian, gay, transgender (LGBT) clients which indicates the complexity involved in work with this group of clients, who are not only sensitive to life transitions (e.g. loneliness, issues of dependency; limited access to care), but suffer 'double-edged sword' prejudices associated with both age and sexuality (Richards, 2011). Perhaps given an option, many older LGBT clients may prefer talking about their issues with a therapist of gender and/or sexuality they can identify with; possibly because their emotional expression might seem more permissible in such a context. However, the researcher believes that personal as well as intersubjective experiences

between a client and therapist are both valid and significant factors, therefore matching clients and therapists from similar backgrounds might not necessarily lead to a more successful therapy.

Some participants who had difficulties in accessing their complex emotional and mental states (e.g. those who struggled with withdrawing from or/and suppressing their feelings or /and had specific emotional/health issues) seemed to attach a particular importance to the quality of emotional containment they found in the therapeutic relationship. Some of these participants seemed to value a sense of equality and indicated that this allowed them to be most fully real in the presence of their therapist. For other, more fragmented, clients the therapeutic relationship was experienced as a holding, safe 'structure' particularly when they had suffered traumatic life events or past relationships characterised by breakdown. Importantly, this 'holding' environment was experienced as helping these participants to communicate their suppressed feelings as well as helping them to gain the capacity to survive their distress. The therapist's trust in the client's ability to grow psychologically likewise seems to be an integral part of this process, also adding to the participants' sense of personal empowerment at their current stage of life (Morgan,2003).

While in most accounts age difference is declared to be irrelevant and the quality of the therapeutic relationship is central to the participants' experience; one participant (Sally) contradicts herself in relation to the age difference aspect. At times, Sally describes it as completely irrelevant to her therapeutic relationship. At other times, however, she alludes to her therapist's youth and non-judgemental outlook as enabling her to open up emotionally and states that she would not have been able to do that with a therapist close to her own age. Therefore it can be assumed that both relative age as well as her therapist's non-judgemental attitudes might be factors contributing to her feeling emotionally contained.

One answer to these contradictions could be in the notion of 'tacit knowledge' (Polanyi 1958), the concept which deepens our appreciation of the impact of what Polanyi describes as 'passions' (i.e. hunches, guesses, etc.) on creating new understandings and meanings. From this view Sally's ambivalence around age difference could thus be reflective of her subconscious age-related fears about what might have been unintentionally communicated at the non-verbal level in her therapeutic relationship. However, it could be also a manifestation of Sally's developing sense of self-agency (through the therapeutic relating) to make up her own mind about what she needs in order to survive her distress. On the other hand these experiences appear to relate to the process known in the literature as age-based transference which refers to a projection of age-related aspects of the self onto the therapist (Garner 2003). According to this perspective, being in the presence of a younger therapist may resonate with the older client's feelings linked to significant others, i.e. parents, children, spouses or siblings (Myers,1986; Martindale,1989; Atkins & Loewenthal, 2004,). Looked at from the intersubjective viewpoint, however, it is not the client who is projecting some important past relationship onto the therapist, as traditional notions of transference would suggest. Rather this is a process of mutual co-construction of the experience of both parties with the context of the therapeutic relationship (*i.e. co-transference*, Orange, 1995).

The relational dynamics around age difference also included negative views and, unlike all other participants, one participant (Hannah) made explicit links between age difference, the therapist's cultural background and the quality of her therapeutic interaction; and she experienced her younger therapist as relating to her in a particular way that she felt was not therapeutic. Part of Hannah's experience might have been owing to: cultural factors playing particularly significant role in how and where she was able to express her emotions; and/or possible ageism feelings towards her younger therapist. Terry (2008) points out that: age-related ruptures in therapy with older clients can be turned to therapeutic advantage; and often offer rich material for clinical work which acknowledges

and understands the other's humanity, thus promoting reconciliation. However, it also seems as if for Hannah these factors (difference in age and in cultural background) are highly correlated and together representative of her mostly negative therapeutic experience, that is: an experiencing of the therapist as not matured and not understanding. The fact that these factors, including age difference, were correlated indicates again how age difference experience might be a part of Hannah's experience of the therapeutic relationship.

By demonstrating that the participants in this study were not the passive recipients of the interpersonal relational interactions (this including implicit aspects of age difference experiences), the findings of the current study support the literature on the intersubjective approach to therapy concerning relational forms of therapeutic interaction that have traditionally been excluded from examination (Safran, & Muran, 2001; Rizq, 2010; Knox, 2011). Thus, it supports this literature in thinking how the client and therapist's subjective experience is organised in the relational context of the treatment (Frie & Reis, 2001). Indeed, for each participant an experience of age difference being a part of their relational engagement with their therapist seems to be unique for a particular relationship, reflecting various facets of their personal world as well as the therapeutic relational world which they formed with their therapist. Viewed in this way, the meaning of age difference as being a fixed category (i.e. as it tends to be described in a chronological sense) becomes less important, but instead age difference appears to be invoked in various different ways as a part of the participants' co-constructed relational world where both client and therapist share the task of exploring experiences and thinking about them. What stands out in this research and offers to extend the existing research in the area of older clients' therapeutic experiences is that, through asking the question about age difference, the findings establish how the relational has come into the therapeutic world; and emphasise the particular way it may change from one therapeutic relationship to another.

These findings establish that age and age difference may enter into and play a role in the therapeutic relationship in various complex ways for different clients, and that taking these experiences as intrapsychic factors without considering the relational context would impose a limitation. However the participant's subjectivity is not just in the relational interplay with therapist's subjectivity in the therapeutic room. Given that all the participants grew up with a different set of cultural and historical values from those of younger generations, the current findings indicate the need for these age difference experiences to be considered within their wider socio-cultural contexts as well.

5.3 Quality of relating

This sub-theme highlights the different relational factors which are seen as important to the quality and the strength of the therapeutic relationship. While the quality of relating varies from one relationship to another; there seems to be an underlying central thread present in all the participants' accounts: from their perspective, the different areas being described ultimately point to the therapeutic relating being experienced along one particular dimension, that is a relationship where one is able to talk about personal issues and feel emotionally contained by the therapist. This finding is consistent with the research indicating that many of the relational factors in therapy are highly correlated (Norcross, 2002). In fact, some clients' perspective studies point to just one main relational dimension, namely clients' experience of genuine care from their therapists (Cooper, 2008).

In the current research the participants conveyed the importance of therapy as a space for relating their difficult dilemmas. The findings reveal that exploration of emotions and thoughts about the self was experienced as a way of re-claiming a sense of agency and emotional awareness, through facing up to rather than denying painful emotions.

Some not only valued the opportunities to share their feelings, but also described a feeling of profound relational encounter when their emotional pain was being witnessed, heard and acknowledged by their therapist. Indeed for one participant (Ron) witnessing his therapist's affectionate response (tears) to his predicament was profoundly important for his capacity to engage with his painful parts despite his disturbing feelings of shame (Crossley & Rockett, 2005). In particular, this resonates with research on *relational depth* (from the client's perspective by McMillan & McLeod, 2006) where it is argued that clients particularly value a sense that their therapist genuinely cares about them. These findings are also in agreement with the existing literature on therapy with older clients highlighting the importance of the therapist's facilitation of a safe, containing environment, and so transforming a client's capacity to be receptive and reflective (e.g. Martindale, 2007; Terry, 2014).

According to a number of participants the quality of the therapist's attentiveness and the sense of being listened to in a non-judgmental and emphatic way had a profound influence on the atmosphere established in the room and ultimately on the nature of the participants' own emotional awareness and communication. Here the participants seem to express a sense of hope that by attending to their experience seriously and in depth, the therapist might be able to hear the subtleties of both what is being communicated and what is left unspoken. There is a link between Ogden's (1997) work and the present findings, which indicates complex interrelationships in the area of: verbal and non-verbal communication; language; meaning; and knowing. He argues that hearing something can be little to do with what was actually being said in a literal sense. He writes about when a hint of something appears, and asks how we (the therapists) might attune ourselves to be more receptive to our clients' experience. According to Ogden listening requires a certain type of attunement to the experiential world of the other, one which cannot be prescribed, and asks us to attend to various forms of *presence* i.e. *presence* in terms of *aliveness* (as well as *deadness*) in the therapeutic relationship (Frie & Reis, 2001). The findings of the

current research bear out such thinking. What also shows itself, particularly in some cases, is age-related nuance. That is, for certain participants, given the socio-cultural and age related context of their difficulties, the quality of the therapist's attentiveness seemed to counteract the absence of cultural and societal validation. The same applies to fears embedded in cultural stereotypes of ageing (Knight & Lee, 2008).

From the current findings it is evident that those participants who found comfort in an experience of *matter*ing to their therapist displayed what appeared to be a high level of contentment and an enhanced attitude of self-acceptance. This is in line with the existing research by Dixon (2007) who convincingly argues that older people who believe they matter to significant others will experience a greater sense of purpose in life, and overall wellness; and ultimately their depressive symptoms may be mediated by their belief that they matter. On these grounds, it seems important for therapists to recognise that letting clients know how much they matter and being willing to go 'an extra mile' for them might be an important contribution to establishing a sound working alliance (Bedi, Davis & Williams, 2005).

The current research included some participants for whom the therapeutic relationship revealed itself as the source of both ambivalence and agency - as something they had both to draw on and to shield themselves from. Two participants described such relational difficulties. One participant (Len) found himself in a situation where his emotional investment in the therapeutic relationship was undermined by his specific difficulties: this occurred when being faced with what he experienced as direct and challenging interaction with his therapist. Another participant (Hannah) describes being caught up in the generational difference dynamics (i.e. she was expressing her negative views regarding her younger therapist's ability to deal with the hopelessness of her situation), these dynamics having an implication for the quality of her therapeutic relationship. It seems that in both cases the participants' expectations as clients as to how emotionally contained they *would*

be by their therapists had in fact impacted on the quality of their therapeutic relationship. It is possible that for these participants being in the observer/defensive position rather than engaging in therapy helps them to distance themselves from feelings of shame, loss of independence, and hopelessness, all of which seem to be evocative of what is described in the literature (as explored in earlier sections) as issues of *resilience* in later life (Martindale, 2007; Janssen et al., 2012); and these issues may also be evocative of earlier developmental experiences. The issue of resilience will be discussed again later on.

Overall the current research findings add to the existing literature by highlighting that the ways in which clients may 'make use of' a therapist's capacity to provide emotional containment may vary in accordance with what they, the clients, consider therapeutic.

5.4 Therapy as emotional release

While the participants' descriptions of this process varied to a degree, the act of talking openly about longstanding issues to a therapist who was available there to listen seemed to offer these particular participants a sense of relief and liberation, with some finding it to be a form of deeper self-experiencing, i.e. being in touch with oneself and others. In other words voicing out distressful thoughts and feelings appeared to be linked not only to the personal but also to the relational aspects of the therapeutic process.

Some participants described how being in the presence of a non-judgemental and trusted therapist enabled them to verbalise their feelings of shame, guilt or/and anger. For one of the participants (Michael) the process of being able to speak truthfully had not just had emotional implications for him but also seemed to have had moral connotations with confession. Other participants described how revealing personal material affected them in a number of ways including embodied experiences of '*feeling light*' or feeling '*tremendous*

release', thus conveying an implicit belief that the process was helpful in expelling or/and re-positioning that person's distress in some way.

In the psychoanalytic literature, such experiences might be accounted for by the concept of *catharsis* (Laplanche & Pontalis, 2004) which originates from notion of purging which has medical connotations of removing the cause of pathology. Freud adapted the term to his theory of discharging the repressed emotional reactions which otherwise, he believed, could lead to various forms of pathology (Leiper & Maltby, 2004). Although today there is far less emphasis on *catharsis*, in psychoanalytic literature it continues to be thought of as a curative factor contributing to change, in particular in work with older bereaved clients (Cohen, 2010). The current findings support this literature and highlight that emotional release was an important element of therapy for some participants.

5.5 Therapy as transcending/expanding of the self experience

All participants seemed to learn from their therapeutic experience (Rose, Loewenthal & Greenwood, 2005). Participants' descriptions of their experiences varied and some changes seemed to be more dramatic than others. Some participants experienced a shift in their perspective about their world and emphasised finding meaning in embracing loss and becoming able to mourn their previously taken for granted life certainties. Others described feeling compelled to re-examine their relationships to themselves and/or to the world at various levels. Changes in the self also included: expanded sense of self awareness; finding a sense of personal voice which was helping to break the barriers of emotional oppression; reaching a *place* of hope and acceptance in life (Quinodoz, 2008).

These findings evoked for the researcher the Person-Centred belief in *actualising potential* (Rogers, 1961), as being perfectly, even profoundly, relevant, including when working with an older individual facing illness and/or death, as is demonstrated by writings

about care in dementia, terminal illness and/or dying (Prouty, 2008; Lipinska, 2009). The current findings also indicate that for most participants therapy became a way of finding themselves in the process akin to what is referred to in the Person-Centered literature as *selfactualisation* (Tudor & Worrall, 2006). That is, these individuals became able to develop a way of embracing challenges and subscribing more to their own sense of resilience; and gradually assimilating what in effect they learnt in therapy about the importance of nurturing self awareness and reflexivity. With this in mind, the current research draws attention to the therapeutic relationship as aiding the participants' knowledge of the age-related aspects of themselves (i.e. encompassing the existential facts of life including the limitations as well as the possibilities) (Renee, 2006).

Two participants explained that being in therapy allowed for the development of their felt ability to call upon the 'voice' of his or her *internal therapist* beyond the limits of the therapeutic room. Therapeutically, this seemed to mean that they could continue to feel supported in dealing with difficult emotions by holding on to the internalised 'presence' of their therapist in retrospection. This seems to add a positive dimension to these participants' personal development as it appears to provide a means to deepen their own personal resources, as well as building up their ability to be more self-reflective and receptive to their own emotional responses. Therefore, this finding supports previous research on the concept of reflective functioning, research which has indeed demonstrated the positive effects that experiences of the internal representations of therapists may have on clients (Knox, Goldberg, Woodhouse & Hill, 1999).

It can be seen, however, that this area has not received a great deal of attention in the existing literature on therapy with older clients, and therefore the current study highlights the need for more attention to be given to this topic. With this in mind, this research again draws attention to the notion of personal *resilience* in terms of the participants' ability to 'manage' through difficult times by on-going self-reflective practices.

The phenomenon of *resilience* in the elderly could be seen from the perspective of stages of psychosocial development, according to Erikson (1950), whose observation was that the last of eight life stages is characterised by the crisis between ego integrity and ego despair. Since, according to the psychoanalytic perspective (Martindale, 2007), such experiences might be evocative of earlier developmental events, older persons who struggle with loss of resilience, are viewed as often unconsciously anticipating a repeat of a certain type of failed dependency from their earlier life. In Erikson's view they are re-experiencing a failure of a basic trust which is now very concretely emotionally associated with the fear of being dependent, alone and/or dying. Psychoanalytic literature links the notion of resilience in the elderly with such dependency concerns, and fear of not being taken care of (Martindale, 2007; Terry, 2008). In other words, an older person cannot consider him or her self as being old without having in mind a caretaker; and it is the researcher's impression that in the current study, it was precisely being in the presence of a therapist (caretaker), which seemed to enable some participants to re-gain a sense of resilience (in this sense resilience could be equated with the experiencing of an internalised therapist), and helped them to embrace their present experiences as well as reconcile with their past..

These findings in relation to resilience are also resonant with the therapeutic and developmental research indicating the importance of encouraging an older client to maintain a sense of *personal space* in life, particularly when one is facing an increasing dependence on others and Quinodoz, 2008 offers the following interesting insight which illuminates this aspect of the findings:

'...some people feel that they no longer have a space in life, since they can no longer see themselves as being of any value simply because they are who they are. If they can inhabit their self in a more positive manner (this will often require

psychotherapy), then they can begin to create for themselves a place to live, even in some very basic way – a hospital bed, if that is all there is’. (p.68)

The researcher is aware that not enough data has been generated by this research to explore these interesting themes in greater detail, but believes that the study might provide sufficient grounds for further investigation of the topic of resilience. The current findings also support the existing literature which considers the nature of change in therapy with older adults (Terry, 2008; Terry, 2014; Garner & Evans, 2010). These writings emphasise that, when it comes to psychotherapeutic work with older clients, a different focus is needed with regard to criteria used for conceptualising *change as an outcome*. Since the option of taking up a completely new lifestyle is not always available, especially to frail older clients, the aim of the treatment is, as Garner and Evans (2010) put it: “...*neither youth nor happiness but coming to an acceptance with what is...*” (p.59); in other words coming to terms with a current situation and/or changing what might be hopefully changed internally. However, for those older clients who locate themselves at the ‘young - old’ end of the ‘later life spectrum’ the approach proposed by Garner and Evans (2010) might feel restrictive to their different developmental needs and life priorities.

It can be concluded that, depending on the particular relationship, the participants tended to experience what is different or/and similar (for instance in their way of being) between themselves and their therapist, and in so doing, negotiate; re-claim; preserve or/and expand the various aspects of their selves. Age difference experience played a role in diverse ways for different participants. While, as said, for most participants age difference was not an issue immediately apparent, what their accounts have in common is that the age gap as a factor appears to enter the participants’ therapeutic experience in a very interesting way that is not necessarily felt as an age difference but reveals itself in the manner in which each therapeutic relationship unfolds. In other words, the age gap seems to be a part of the co-constructed therapeutic relating and reveals itself through the manner

in which each respective participant relates to his or her therapist and how the therapist relates to this particular client. Furthermore, the present research findings indicate that a sense of both temporality and ageing may in fact have become the important organisers of the participants' therapeutic interaction *including an aspect of age difference*. Finally the quality of the therapeutic relationship was important for all. It now remains to look at: the significance of this study; the implications for Counselling Psychology; and suggestions for further research. Methodological reflections and personal reflexivity are also included in further chapters.

5.6 The significance of the research

Literature searches have shown the paucity of published research on older clients' experiences in therapy. This study appears to be the first one to address the topic of age difference experience by focusing on the ways in which this experience may enter into the therapeutic relationship. In fact, there are no published IPA studies investigating older clients' experiences of age difference in therapy with younger therapists. Therefore this research has importance insofar as it contributes to the understanding of the impacts of age and intergenerational difference on older clients' experiences of therapeutic relationship. IPA has truly allowed for in-depth analysis of idiosyncratic experience while at the same time acknowledging intersubjective and contextual influences related to age difference experience. The researcher believes that the current findings contribute to the pool of knowledge on ageing clients; and in particular they offer a potential value for clinical practice in considering how clients' and therapists' experiences emerge and are played out within the interactive context of the therapeutic relationship.

The current research becomes even more significant in the process of learning how we can best support older clients in facing later life challenges when we consider the increasingly ageing population and considerably low use of psychological services by older clients; the gaps in the research on their experiences; and the fact that most practitioners do not receive specific training on working with this population. Therefore, the researcher trusts that the study will lead to a better understanding of such clients and a foundation for holding a tension between having an awareness of their diverse experiences while at the same time avoiding assumptions based on this awareness.

5.7 The implications for counselling psychology

This research offers a unique insight into how older clients experience therapy with younger therapists, and how age difference experience is embedded in and finds itself as a part of their therapeutic interaction. As such, this study highlights the considerable complexity involved in the meaning-making processes in the realm of the therapeutic relationship. The experiential world which each participant brings to his or her therapeutic encounter, the world which as Rizq explains (2010) '*...the therapist comes to inhabit, experience and respond according to the vectors of his or her own subjectivity*' (p.91); appears to influence the participants' therapeutic experiences of age and intergenerational difference. In line with Rizq's argument, the current findings suggest the potential value in greater awareness of the therapeutic experiences that perhaps cannot be solely attributed to the clients' internal psychological events, but also need to be considered as being co-constructed within a relational framework. With this in mind, the current study supports the development of the intersubjective approach to the counselling psychology of later life,

an approach which recognises the broader meanings and implications of intergenerational difference and/or any other forms of difference.

While this study provided rich, exploratory accounts, given the small sample it cannot be taken as representative of all older adults. This research suggests variability in the participant's age difference experience but there were also convergences across the sample, in particular in the quality of relating (see Appendix 9 on p.249). It has to be acknowledged, however, that another researcher might have drawn on different aspects of the participants' experiences and might have interpreted them differently.

Age is very central to counselling psychology but at the same time a contentious issue. Age plays a subtle but crucial role in relations between clients and therapists; and the current research indicates a need to consider a *relational* dimension of ageing, along with prevailing understandings of age, e.g. age as a demographic or/and a biological, social, psychological characteristic as portrayed by various ageing theories which tend to tell only a part of the story. In addition, the researcher hopes that this study makes a contribution to the field of providing comprehensive psychological support, tailored to the individual needs of older people. Such therapy could involve reflecting with the older client on complex questions of the nature of life, temporality and ageing. With this in mind, a philosophical perspective may offer a wider theoretical angle which can be seen as highly relevant in work with this client group. Thus, the current study indicates the potential value of therapists considering psychological interventions inclusive of certain suggested psychological stances (please see Table 5 on p.136), which may help older clients to reconcile with the past and assist them in facing up to loss and concerns with dependency and mortality; bearing in mind that an effective therapy can also maintain a helpful focus on the value of living in the present. As explained in some detail, Heidegger's philosophical perspective seems to be particularly relevant to this kind of work with older individuals, allowing for taking a wider perspective on human existence, one which aims towards

understanding of the self within the context of engagement with life (and death), rather than staying with the prevalent socio-cultural attitude of 'escape motivation' (Loewenthal, 2010, p.321); and one which both promotes and supports quality of life , thus allowing the elderly to grow older gracefully.

What counselling psychologists would do well to be aware of is the tension between current issues, past history conflicts (early and adult life experiences) which for an older individual might lead to difficulties in maintaining a sense of resilience. They should, therefore, pay attention to such concerns, bearing in mind that the therapeutic aspects of this kind of work may differ depending on factors such as: the nature of presenting problem and a client's history (Bergin & Walsh, 2005). This was not the focus of the present research and so it was not dealt with in detail but offers a rich area to be examined further.

Counselling psychologists would also do well to be mindful that older clients come from different cohorts (Knight & Lee, 2008); and that often their different cultural values and practices regarding care and help-seeking behaviors and attitudes may impact on their engagement in the therapeutic relationship. This seems particularly relevant in terms of combating negative stereotypes among practitioners and the older people themselves. Ageist attitudes have significant implications for poor understanding of this age group and have led to lack of specialist training within the field of work with older clients.

EXPERIENTIAL PROCESS	SUGGESTED PSYCHOLOGICAL STANCES
Ageing	Being-in-the world with others
Temporality	Awareness of time
Loss	Affirmation of the past
Concerns with decline & mortality	Mourning loss
	Being-towards-death
Resilience	Transcending/Expanding of the self

Table 5: Experiential Processes and Suggested Psychological Stances in Work with Older Clients

This study is thought to highlight the limitations of current trends in outcome-oriented research and practice which tend to see older clients primarily in terms of their current needs and vulnerabilities. These established perspectives are grounded in the present, its relationship with the future and the prospects for a recovery, and do not generally consider that, *with ageing*, come complex psychological changes to one's personal relationship to time or what Tomkins and Eatough (2013) refer to as '*differences in temporal prospect*' (p.21). In line with their argument, the findings indicate that therapeutic aims/outcomes (e.g. relief, enjoyment of life, hope and/or hopelessness) for each respective older client may vary according to where they are at this stage of their lives, their relationship with time and their investment in their therapeutic relationship; or possibly any combination of all of these. From a counselling psychology perspective such knowledge is crucial in avoiding an implementation of *one-type-fits-all* treatments and as Martindale (2007) points out, practitioners need to be aware of issues related to certain psychological factors specific to the developmental processes involved in ageing:

'Our capacity to take care of children adequately is vital for our capacity to take care of the elderly and for elderly persons to anticipate becoming elderly' Martindale (2007, p.215).

The researcher identifies with this statement but would like to expand on this quote by adding that if we begin to give more time and thought to older people we might also be given something in return – this could be their wisdom, their life experience and knowledge about the meanings of life and death.

5.8 Suggestions for further research

In learning about this client group, and in particular *when so little is known from the perspective of older clients* it would seem important to investigate further a number of themes which emerged from the participants' narratives. One important area which demands such attention could focus on engagement with intersubjective dynamics and their role in therapy with older clients. For future studies with intersubjective background it might be useful to use video recordings of the interviews, in order to engage with intersubjective meanings in ways that include embodied responses.

Another idea, which did not occur to the researcher in terms of the present research, would be to design a study investigating older clients' therapeutic experience and to conduct two interviews per participant, treating the two as one data point (i.e. without analysis occurring between them). Further questions for the second interview could be

tailored on the basis of the first, allowing for a consideration of intersubjective interactions in more detail. In terms of the current study, however, while such a decision might have widened the scope on intersubjective theory grounds, this sort of design would have been potentially problematic because of the time constraints.

Further qualitative research, specifically investigating the experience of age difference for younger therapists who work with older adults, would also be useful to inform the practice in this field, for instance it could potentially illuminate the reasons behind younger therapists' reluctance to work with older clients. It would also be very interesting to interview older clients who had therapy with therapists close to their age, so to understand and compare the processes involved.

It would also be relevant to explore further the participants' therapeutic experiences which are present in the current findings, namely those surrounding themes such as loss, resilience, temporality, and ageing. For instance, one complex but nevertheless important area for further research, helping counselling psychologists to recognise the significance of such therapeutic outcomes, would be to explore how older clients might engage in a variety of self-care and self-reflective practices, including the 'use' of internal representations of their therapists. With this in mind, the current research likewise draws attention to the temporal aspects of clients' lives and would suggest being mindful of the importance of *the changing concept of time with ageing*. The temporality aspect was not the primary focus of the present research, but could hopefully lead to further studies in which the important role of temporality could be more comprehensively explored.

Finally, there is room for *the training pathway* to be researched in more detail in order to understand how best to train counselling psychologists who wish to work with older clients. The findings from the current research indicate the tension inherent in enquiring about age difference experience, and it may be that exposure to older clients in the form of an observational study, say in settings such as community day centres or care wards, rather

than just training in educational settings, might give more importance to an exploration of ageing through how it appears and/or is disguised in our experience. According to Terry (2008), such observational practices, might better provide a trainee with an opportunity to be with older people, without pressure to make a therapeutic intervention, and instead having time to reflect on an older person's individual experience in the light of the trainee's emotional reactions and thoughts resulting from such observations.

The participants' disappointment with the limited number of sessions revealed their wish to have longer therapy. Of further interest, would be a research focusing on brief and/or long term therapy experiences from the perspective of older clients. Ultimately, this concern with there not being enough time underscores the importance of tailoring the framework of therapy to the unique demands and requirements of each client. The question of brief or long term therapy offers a future focus for research; in particular how are decisions made concerning the right number of sessions and is older age a contributing factor? Such research on therapy length would then add to the established frameworks regarding the appropriate type of therapy for older adults. In fact, recently, there have been reports of innovations in therapy with older adults which indicate the benefits of offering different therapeutic packages including fortnightly sessions (Terry, 2014).

During their interviews, some participants made various general observations ideas and recommendations for future practice. They mainly referred to the relationship between a therapist's qualities and characteristics (e.g. attentive and caring attitude, being non-judgemental, importance of working with a trusted professional) and therapeutic outcomes. These general observations support the idea that these qualities are universally important within the therapeutic context (Cooper, 2008). Further studies within the context of later life therapy could look at the relationship between therapist's biases and their capacity for empathy (e.g. regarding case conceptualisation).

5.9 Personal reflexivity

While this research has been important in allowing the voices of older clients to be heard and in filling some gaps in the existing literature, it has also impacted in various different ways on myself as the researcher, who is also a practitioner working currently with this client group. The way I heard, understood and interpreted the participants' stories has influenced me too, in a very personal way. On re-reading my reflective research notes I found that the assumptions about ageing and age difference experiences that I might have had at the start of this project have now changed. Through asking the question of age difference I became more aware of the importance of being alive to both the manifest and the latent content of our experience. I also came to recognise that, whether or not the current findings lead the reader to assume that age difference is relevant, age difference is certainly a unique experience and appears to be tied up with relating.

Furthermore, the issue of age difference drew my attention to the notion of life transitions which has been explored in different theoretical writings (e.g. Freud, Heidegger, Erikson). While I have always realised that life transitions are universal to all, through the process of this research I came to realise the complexities inherent in finding an acceptance of (often intolerable) challenges which come as one grows older – this including age difference experience. However, I also learnt that, sad occasions like loss and death could lead a person to begin to choose in the light of his or her own wishes and desires. It often happens that such difficult existential moments offer us an opportunity to become somebody, not a part of the mass; to become an autonomous entity who has consciousness, or becomes conscious for others (e.g. as in my own case a decision to research this topic!).

This research also offered me a good opportunity to see the importance of a changing concept of time with ageing. It highlighted for me complex and often paradoxical

features of time in later life, and led me to review my previous assumptions about therapeutic outcomes. In other words, I came to accept that things will not always get better where an older client is concerned; and that the focus of therapy should be rather on expanding the wider meanings behind each unique life experience rather than straightforwardly trying to promote a preconceived idea of what constitutes happiness. Taking this perspective allowed me to get a better overview of the nature of our being and I realised that the participants' stories could be taken as one account of later life not just in terms of its shadows but also as a developmental process (this issue is further discussed in a later section - see Appendix 10 on p.250). By that, I do not mean that I have a model in mind of 'how' to work with older clients. What I would like to emphasise is that this research deepened my awareness of how important it is to look at any experiences (this including age difference) for what they *are* rather than beginning with theoretical explanations. This whole process helped my phenomenological thinking, the thinking which has been very important for me in enriching the research scope.

On a personal note, I noticed that through the process of this research, new ways of working thoughtfully with older adults suggested themselves . Of most significance to me personally has been the emergence of a framework to examine my own anxieties and concerns with my own ageing, loss and mortality. In other words, the process of writing this thesis has enabled me to scrutinise my ordinary encounter with the world. How I think of my *being-towards-death* fills my presence with a sense of purpose '*...provides a limit to its essence and lets it come forth.*' (Heidegger, 2001 p. 184).

5.10 Methodological reflections

This section is intended to show the approach that I undertook regarding the quality of this research, to ensure responsible and ethical research practice (Smith et al, 2009).. The use of quality and validity measures in qualitative research has been debated. Some researchers reject the idea of applying quality measures on the grounds that the quality of qualitative research should be evaluated in terms of its creativity and originality (Brocki & Wearden, 2006). However, it has also been argued that quality and validity of research can be achieved through the manner in which the project is designed and implemented and these accounts offer certain generic criteria for evaluating qualitative research (Yardley, 2008).

5.10.1 Sensitivity to context

It has been recognised that this type of research requires an awareness of the complexity and limitations inherent in the exploration of our experience (Yardley, 2008). I must admit that the phenomenological nature of IPA has truly enabled an in-depth exploration of older clients' experiences as expressed directly; and also helped to address broader and less explicit existential dimensions of the participants' experience. As the researcher facing human experience, I was reminded that, while a qualitative researcher would in most cases be dealing with experience as it is lived and constituted in our conscious awareness, according to certain views, e.g. research informed by the intersubjective approach (Buirski, 2005) and existentialist-informed hermeneutic phenomenology (Willig, 2012a), some of our experiences may not be fully available to our consciousness and/or cannot be readily spoken about. In other words, while the participants were able to share their thoughts and feelings, there would be some unconscious aspects of their experiences not available to them for self reflection.

This in turn, problematises the use of interviews involved in researching an intersubjective interaction and leaves me wondering whether or to what extent, language can represent the meanings that we have of ageing and age experience. Thus, I acknowledge that the participants' narratives represent one side of the story in terms of the therapeutic encounters they describe, which further highlights the fact that qualitative research can be a complex and challenging process since it may require the researcher to cope with a certain amount of ambiguity, necessarily involved in the exploration of less explicit types of experiences, i.e. 'tacit knowledge' (Polanyi, 1958). For example, the fact that most participants found it difficult to articulate age difference experience may have been owing to intersubjective meanings and/or a challenge inherent in the process of an engagement with difficult existential dimensions such as decline or mortality.

To further ensure *sensitivity* to the research context, I also engaged extensively with the existing research literature. In addition I attended a number of specialist events including the British Sociological Association conference on ageing. All this was done to gain further appreciation of wider socio-cultural contexts as well as to engage with different approaches to the subject.

5.10.2 Commitment & rigour

As a way of demonstrating *rigour and commitment*, I made a continual effort to engage with the participants' material and throughout the process priority was placed on remaining close to the participants' narratives (Smith et al., 2009). Here, reflexivity was treated as a source of my personal insights, helping me to uncover an implicit level of meanings, which may not necessarily have been obvious to the participants themselves (Willig, 2012b).

To enhance my thinking, I used the *life-world* oriented questions concerning aspects of lived experience for each respective participant such as: the self, embodiment,

temporality, relationships, life project, or mood/tone attached to the phenomenon (Finally, 2011, p.230). This was particularly useful in establishing a focus on what the phenomenon of age difference was like for the participants. As previously outlined, I chose IPA as the research approach because it was consistent with my epistemological assumptions. As Willig (2012a) argues, the most significant criterion for evaluating any qualitative research is *epistemological reflexivity*, namely an examination of the researcher's use of *reflexivity*.

In terms of the sample, the homogeneity aspect was well satisfied through the average age of participants (77 years old). Furthermore, all participants had had therapy at/after the age of 65; and with a therapist who was perceived (by the participant) to be at least 20 years younger than themselves. It is important to note, however, that the sample represents white, middle class, older adults who came to therapy with moderate psychological or/and existential issues, and not ethnic minorities; people affected by complex psychological disorders; people with social and/or cultural barriers which may limit their access to psychological therapies. I fully recognise that these people might respond differently to the questions I posed. The small size of sample, however, enabled an extensive and in-depth engagement in each participant's account and was thus in line with the idiographic component of IPA (Smith et al., 2009). In turn these accounts were carefully analysed, through an iterative process of attending to the part and the whole; also cross-analysing and reviewing the whole process to ensure that the researcher's interpretations of the participants' accounts were grounded in the data.

5.10.3 Coherence & transparency

In terms of achieving coherence and transparency I used the research journal to maintain a reflexive stance throughout. At the stage of the interviews, I felt that the years of my therapeutic training enabled me to enhance my ability to engage with the participants'

experiences at a somewhat deeper level. On the other hand, I was attempting to stay mindful of the fact that a part of IPA as an approach, is to be aware of the impact my own experiences might have had in shaping my way of working with participants' accounts. At times feelings and thoughts of loss and mortality were aroused in me and consequently at times I might have been giving more weight to certain participants' experiences. Therefore, I continually addressed this aspect through reflective practice, such as for instance by keeping the reflective journal, to ensure that I had engaged equally with all the participants. From the start I ensured that my epistemological position was clear and this I believe allowed me to conduct this research systematically and in a manner consistent with my stance. It also allowed me to evaluate the process of analysis as the work continued. As I tried to maintain the balance between participants' meanings and my own interpretations of them, I came to recognise certain factors impacting on this process. There were two aspects that were of particular importance here: one was the extent to which I did not share some of my assumptions concerning ageing and intergenerational differences with the participants; and the other was the effect of not sharing on the data analysis. This was another reason for keeping a reflexive diary – to keep track of how my research decisions about the themes and choice of extracts were made.

In terms of other sources of feedback to monitor the level of personal understandings at which I worked, I approached this issue in a number of ways: firstly, through the use of research supervision, including two audits by the university supervisors. Secondly, the account of my analysis was peer-reviewed and presented at the London IPA group; this was done to ensure the development of a valid analytic account.

In line with the IPA approach, I adopted a position which could be described as broadly informed by ideas from hermeneutic phenomenology. As IPA relies on language and since the phenomena can be experienced in many different ways, the words we use to represent reality can only be a version of experiences as opposed to referring directly to

them (Willig, 2012b). In line with Willig's argument, I acknowledge that my interpretations of the participants' accounts, are but one of many possible interpretations and do not provide a mirrored version of their experience.

In conclusion, I found that IPA as a methodology allowed me to be creative with how I engaged with the information concerning the participants.

CHAPTER 6: CONCLUSION

There are several ways in which this study adds to the picture already created by the previously quoted research; the picture, that is concerning these older clients' experiences of therapy. The findings make it clear that age difference experience was not explicitly acknowledged to be important by most of the participants. Furthermore, the research indicates that age difference experience appears to enter into their therapeutic relationship in a very interesting way, not necessarily as a perceived age gap but through the way that each therapeutic relationship unfolds. Therefore, the findings establish that the age difference experience seemed to emerge as much more complex implicit phenomena. Thus, this research draws attention to an idea that it is important to consider the participants' experiences within the particular and unique intersubjective context of their therapeutic relationship. The findings also show that the participants' therapeutic experiences are influenced by meanings they derive from their subjective sense of temporality, life experience and ageing. Furthermore, this study further stresses the significance of the fact that all approaches to counselling psychology universally place emphasis on the quality of the therapeutic relationship. Thus, the current study emphasises that a fundamental challenge for any counselling psychologist regardless of theoretical orientation might be a tendency to conceptualise older clients' problems solely in terms of *intrapsychic* factors and a failure to consider the potential role of relevant age-related *intersubjective* factors. Thus this research also highlights the potential value in considering intersubjective approaches to working with older clients including psychological interventions with a wider philosophical angle, in responding to loss and other ageing issues.

The findings also indicate that, for counselling psychologists, being culturally competent in working with age difference factors, is not just a matter of knowledge about this particular client group and/or utilising specific therapeutic methods. What seems most essential is to endeavour to understand the unique experiential world of each client and to make sense of his or her distress in the context of the therapeutic relationship. It is, therefore, crucial for counselling psychologists to be curious about intersubjective experiences as well as the impact of personal and socio-cultural values; and to recognise how and when these enter the therapeutic relationship.

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APPENDICES

1. Information Sheet for Research Participants
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3. Debrief Letter
4. Recruitment Poster
5. Questionnaire
6. Example of Participant Transcript – Ron
7. List of Emergent Themes for Ron in Chronological Order
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